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## EDITORIAL COMMENT

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### THE PUBLIC AND NURSING AFFAIRS

We believe one reason why it is so difficult to secure higher standards for nurses in the way of legislation, improvements in teaching, etc., is that the public is so ignorant of our affairs. We are putting the cart before the horse when we wait until some crucial moment arrives before trying to secure its coöperation. We need to learn the lesson which the medical profession has recently had impressed upon it, that of sharing our knowledge with the public rather than shutting ourselves away from it and trying to work out our salvation alone.

In a paper read at the American Nurses' Association, and published in the September JOURNAL, Miss Armour made clear that the attitude of nurses toward their work and the way in which they do their work influences those outside our ranks and either attracts or repels them. She was speaking of attracting young women to enter our profession, but the same truth applies in other directions. If our work really inspires us, if we love and respect it, others will catch the spirit and will be ready to work with us to help solve some of the problems which we cannot meet so well alone.

We might begin our efforts with those nearest at hand, the boards of managers of our training schools, who often know nothing at first hand of our work and our perplexities. It is not enough that the superintendent of nurses should be present at their conferences, it is very desirable that some member of the alumnae association of the school should be made a member of such a board, a woman who would be able to throw fresh light on their discussions and present a fresh point of view. It is very possible, too, that she would in turn receive enlightenment and perhaps gain new knowledge which she could pass on to the association which she represents.

Another way of bringing our affairs home to the board members is to invite them to become subscribers to our nursing magazines. This might often be brought about by a suggestion to that effect from the superintendent if she realized its value. They would then see the local problem in the light of the need of the whole profession and not as an isolated difficulty.

Then, too, members of boards might be occasionally invited to attend meetings of the alumnae association or of the local league of nursing education. Some special meeting might be provided for with a topic of interest to all, and the board members might be invited to assist in the discussion or to write some of the papers. Whenever state or national meetings are held in a city, great pains should be taken to invite both training school and hospital trustees to the open sessions.

A writer in the letter department of this JOURNAL makes the suggestion that we should bring some of our problems before women's clubs, men's church clubs, village improvement societies and other public-spirited bodies. Doubtless what would help the situation in one place might harm it in another, but in general it is true that we should receive more intelligent coöperation when we especially need it if there has been a previous exchange of opinions and knowledge.

Take the question which is now being so interestingly discussed in our letter department, that of special nursing in hospitals. Many of us have for years accepted those conditions, deploring them, perhaps, but adopting the view of one contributor who thinks the younger nurse should simply take other work if she does not like the conditions attendant on hospital nursing. Reforms will never come by waiting for them, they have to be helped along. In some hospitals where the superintendent has been unable to bring about anything better for her special nurses, it would be a great help to her to have a committee appointed from the alumnae of city or county association to present the matter to the hospital trustees. The members of the committee should be wise, well-balanced, courteous but resolute women, not expecting the impossible, but with definite ideas of what is wrong and of what improvements might be made. Such a committee would often command more attention than would be given to the superintendent acting alone, and if it has her support and good will, reforms are almost sure to follow. Why not try it?

#### CHURCH ATTENDANCE

*End*  
At this time of the year our training schools are changing their forces. The seniors who have graduated drop out, one by one, as the time of each expires, but the entering class comes in in a body, as a rule,

it having become the custom to admit students only once a year, or twice, rather than singly, as used to be the case. Some of these entering pupils are mature women, who have been self-supporting, but who have now chosen a new line of work. The majority, however, are young, fresh from home or school, perhaps away from home influences for the first time, and to such we wish to make the suggestion that they should not let go of the faith in which they were reared.

The absorbing life of the pupil nurse leaves so little time for her own pursuits that it is easy for her to give up church attendance which, more than anything else, will keep her in touch with the spiritual side of life and fortify her for the revelations which come to her day by day in her work, revelations of human depravity and human nobility, of hard hearts in people of high position or of tender ones hidden by ragged garments. Catholic and Episcopal hospitals provide chapels and religious services for patients, doctors and nurses, so that in these the latter are not so apt to break away from their old ties, but in most other training schools church attendance is rather hard to arrange and is quickly neglected. A nurse who is off duty on Sunday morning must leave church a little early in order to reach her room and put on her uniform before dinner. One who is off duty in the afternoon may wish to go to bed early, to be ready for the next day's tasks. In most cases a nurse finds herself in a new city, in a new church, with no one to notice or care whether she attends service, and with no way of knowing either minister or people when she does go, for she is not free to enter any of the church activities.

We believe superintendents of nurses would be doing a great service to their new pupils if they would find out, as they enter the school, what church they would naturally attend and take pains to show them the way to that church, perhaps sending some one with them the first time to introduce them to the minister. We wish that ministers, everywhere would seek out the nurses in the training schools nearest them.

We do not think, by any means, that church attendance constitutes the larger part of right living, or even the most essential part, but we do believe that it helps us to pause once a week and consider the deeper part of our nature which so influences the character of our work.

#### PAPERS FOR CONVENTIONS

Very often the programme committee of a state or national association plans a symposium of papers on some one important subject, giving a different phase of it to each speaker or writer, so as to get a

well-rounded whole. The plans of the committee are sometimes frustrated by the excess zeal of each writer who is so anxious to do the subject justice that she begins with the foundation of modern nursing and traces the development of her topic down to the present time, going through much painstaking research in order to get reliable statistics to present. This makes the reading of such papers less interesting, as speaker after speaker covers the same ground in almost the same way, and the hearers lose, through weariness, the points which should have been emphasized.

In accepting a place on a programme a nurse should find out definitely just what sort of a paper she is to give and just how much time she is to occupy. She should then stick closely to her subject and keep within her time limit, writing on the exact topic she has been asked to present and on no other. She should give as much definite information as possible on that topic and then stop. The resulting paper will be shorter and not so profound, but it will be far more interesting and better appreciated by an audience which may have been already lulled to sleep and which needs rousing. As a rule, twenty minutes is long enough for any speaker or for any subject, and to go on beyond half an hour is an imposition and is due to the speaker's own intense interest in her subject, not to a burning desire for more on the part of her hearers. It is far better to leave people wishing you would go on than to have them heave a sigh of relief when you close.

#### MINIATURE HEALTH OFFICERS

The Committee on Janitor Service of the Department of Science Instruction of the National Education Association made some recommendations at the convention held in July which will be of special interest to school nurses. It was decided that in order to standardize janitor service it was necessary to have facts; that each school had conditions peculiar to itself, and that the facts for that school could best be obtained through the coöperation of the children. The suggestions are:

1. Appoint a group of health officers from the pupils in each room, for terms of such length that each child may serve once during the year.
2. Have a health officer read the thermometer hourly, making records in a book or on the blackboard where one week's record may be compared with another. Where it is possible, have a health officer adjust the heating or ventilating facilities to meet the conditions found.



3. Measure dustiness by making cultures, or by going over smooth surfaces with a cloth to see how much dust has been left. A health officer should make note of any sweeping or dusting done during school hours, which should not be allowed.

4. A health officer above the age of eleven should be taught to gauge the relative humidity of the school room and to use the special thermometer arranged for that purpose. \*

5. A health officer may learn to measure air currents by the use of the anemometer, or to test them with a candle or joss stick, or to compare the freshness of indoor with outdoor air by the sense of smell.

6. The cleanliness of bowls, closets, etc., should be reported once each session.

#### SEPTEMBER JOURNALS

With the change of publisher which has recently taken place, and which has been explained in the two previous issues of the JOURNAL, there was a mistake in the printing of the September number which delayed the mailing of part of the edition and which held back the copies due subscribers in a number of states. All September copies should have been received by early October, and if any are still missing, they will be sent subscribers, provided their addresses in our files are found to be correct. Requests for these should be sent to the editorial office at Rochester.

We want to again emphasize the fact that subscriptions should now be sent to the editorial office, instead of to the publishers, as was formerly the custom, that they should be addressed to 45 South Union Street, Rochester, N. Y., and that money in whatever form—check, money order, or express order should be made payable to the American Journal of Nursing, not to any one member of the editorial staff nor to the publishers. Checks sent to the publishers have to be forwarded to Rochester, and are not only delayed, but there is one more chance for error than if they took the direct route.

The change has caused unavoidable confusion, but order is being gradually restored under the new conditions and we hope by another month to give a prompt and reliable service to our readers.

## ELECTRO-THERAPEUTICS

[First Paper]

By MARTIN W. CURRAN, M.D.

Chatsworth, N. J.

When the school board of London was debating whether elementary instruction in science should be given in the schools under its control, it was objected that the scholars would get only a smattering. "Who has more?" asked Sir John Lubbock in reply, "those who are the most advanced in knowledge will be the first to admit how slight that knowledge is." Now a nurse will be occasionally required to apply a course of electrical treatment, and she may be nervous, as she does not know what electricity is. She may be comforted, as no one knows what electricity really is, we simply know how to produce it by certain methods: friction, chemical process, heat and mechanical energy—and when obtained, how to harness its force and convert its power into furnishing wireless telegraphy, electric light, medical batteries and many other conveniences that we see around us.

Many writers on electro-therapy delight in the use of literary terms to explain phenomena which are simply indescribable, because not fully understood. We shall try to eliminate such decorative non-essentials so that we may obtain a clearer understanding of the simple and easily understood fundamentals which underlie and govern electrical manifestations.

There are two methods of producing an electrical current, (1) by chemical means, as in a cell, and (2) by electro-magnetic induction as in the dynamo.

A simple form of cell may be made as follows, a strip of zinc and a strip of copper are placed vertically in a glass tumbler without touching each other. The tumbler is then nearly filled with a weak solution of sulphuric acid, and the two metal strips are connected with copper wire. A current of electricity will flow through the wire from the copper to the zinc. As already stated we do not know just what electricity really is, but we do know that by following the above process, and making certain chemical and mechanical combinations, we can produce as much electricity as we require. One of the metals was acted upon chemically by the liquid (electrolysis) which then caused a difference of pressure (potential) between the metals, causing a current

to flow through the circuit from the copper to the zinc. The copper is called the positive (+) pole, and the zinc the negative (-) pole.

The essentials of a cell are:

1. A liquid capable of electrolytic (decomposing) conduction, as dilute sulphuric acid, sal-ammoniac solution, etc.
2. Two metal plates submerged in the liquid and not in contact with each other below the surface, as zinc and copper, or zinc and carbon.

The metals are called the elements, and to these are connected the wires which lead from the cells to the instruments to be worked by the current.

Since the perfection of the dry cell, wet cells are rarely used for office machines, and never for portable outfits.

Now that we have produced our electrical current, in order to apply it scientifically, we must employ certain expressions to convey certain meanings. When a physician prescribes the use of a drug, he tells the nurse to give one ounce, one drachm, or five minims, or whatever quantity he desires the patient to have, knowing that by the use of graduated measuring glasses she will be able to give the exact quantity prescribed. When ordering sugar, tea or coffee from the grocer we order so many pounds or ounces, and if we purchase dress material, we order so many yards of a certain width. All this is very simple, because certain expressions of measurement have been employed. Now the first measurements in electricity are the volt, the ampere and ohm, which we will explain in their order.

**Volt.** The flow of electricity through a wire is sometimes compared to the flow of water through a pipe. Suppose we have a tank, containing one hundred gallons of water, placed on the roof of a house, with a pipe leading from it to the ground. Suppose, further, that at the end the pipe is bent a few inches upward. If the tap is opened, the water will spout upward from the end of the pipe with great force, on account of the weight or pressure of the water in the tank. This weight, energy, pressure or potential is measured in pounds, and therefore a pound is the unit of pressure or force of water. In electricity, the same force, the unit of pressure, tension, energy, or electro-motive force, is called a volt.

**Ampere.** If the water were being discharged from the tank through the pipe at a gallon per minute, this would be the rate of flow, that is, a certain quantity will pass out of the pipe in a certain time. In electricity, the volts of pressure act so as to force the quantity of current to flow through the wires at a certain rate per second, and the rate or volume at which it flows is measured in amperes.

*Ohm.* We know that a pipe can only, at a given pressure, admit so much water through it at a time, therefore the pipe presents a certain amount of resistance to the passage of the total quantity of water from the tank, we also know that water has substance and weight, and therefore occupies space, but electricity has neither substance nor weight, and therefore cannot occupy any space; consequently, to carry electricity from one place to another we do not need to use a hollow pipe, we use a solid wire, and these solid wires have a certain amount of resistance to the passage of the electricity, just as the water pipe has to the water, and the wire resistance is measured per foot, according to the metal used, and the size of the wire, that is to say, the finer the wire the greater number of ohms of resistance it has to the foot.

*Insulation.* The water cannot escape from the pipe so long as there are no holes or leaks in it. Just as the iron of the pipe prevents the water from escaping, the insulation of the wire prevents the escape of electricity. Insulation consists in covering the wire with rubber or other suitable non-conductor.

*Opposition.* There is another term which should be used in connection with electrical measurements, and that is opposition. Let us give an example of what opposition would mean when applied to water.

Probably every one knows that a water mill-wheel is a wheel having large blades, or paddles around its circumference. When the water in the stream in trying to force its passage, rushes against one of these paddles it meets with its opposition, but overcomes it by pushing the paddles away. This brings around more opposition in the shape of another paddle, which the water also pushes away, and so this goes on, the water overcoming the opposition and turning the wheel around, by which means we can get the water to do much useful work inside the mill. We must remember, however, that it is only by putting opposition in the path of the pressure of a quantity of water that we can get this work.

Most of us know that if you were holding a rope tightly in your hands and some one pulled it through them quickly and suddenly, it would get very hot and your hands would feel as though they were being burned. This is heat caused by your hands resisting or opposing the passage of the rope through them, and if you should hold on tightly enough and the rope were drawn through quickly enough, it would take fire. This fire would therefore cause heat and light.

The same principle holds good in electricity, we produce electricity in various ways, and in order to obtain useful work, we put in its path the instruments, lamps or machines which offer the proper amount of

resistance or opposition to its passage, and thus obtain from this wonderful agent the work we desire it to accomplish.

In our cities and large towns, the electric-light plant supplies a direct or an alternating current of about 110 volts. This pressure or electro-motive force would be the same whether one lamp or ten thousand were lighted, but as each incandescent lamp requires about three-quarters of an ampere to make it give a light of 16-candle power, there must be sufficient volume (amperage) in the wires to give each lamp its proper quantity. If there are 50,000 lights, there must be an amperage of 37,000. This current is entirely too great for ordinary electro-therapeutical work, therefore we use rheostats or current controllers to lessen the quantity flowing from a given point to a patient. A rheostat permits minute graduations, and an increase or decrease of current strength without shock.

When a street current is not available, we use cells, and as the average dry or wet cell delivers a current of only  $1\frac{1}{2}$  volts, with an amperage of about 25, we must use a number of them in order to obtain enough current for practical work.

When a current of  $7\frac{1}{2}$  volts is needed, we simply connect five cells in series, attaching the carbon of one cell to the zinc of the next, and so on, we would then attach a wire to the carbon of the first and one to the zinc of the fifth cell (fig. 1) and there would be  $7\frac{1}{2}$  volts pressure in

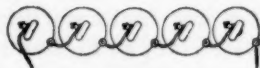


Fig. 1

the two wires. Now if each of the cells gave 25 amperes alone, the five will only give 25 amperes together when they are connected in series. This is called connecting in series for intensity.

If we wanted to increase the volume (or amperage) we would connect the carbon of the first to the carbon of the second, and so on, until all the carbons were connected with each other; then we connect the zinc of the first with the zinc of the second, and so on, until all the zincs were connected. We then attach a wire to the zinc in the first cell, and one to the carbon in the fifth cell, and we then obtain from these two wires only  $1\frac{1}{2}$  volts, but 125 amperes. This is connecting in series for quantity.

Now we know how to procure electricity, and we can enter the sanctuaries of the elect and patter about volts and ohms and high and low tensions, amperages, etc., but it may be wise to learn in what



manner, since electricity has no substance, and therefore cannot occupy space, we can manage to grab this elusive agent that we cannot see, and in addition change its form of energy to provide the different therapeutical effects which different diseased conditions demand.

Our next paper will discuss magnetism, the induction coil, and the galvanic, faradic and sinusoidal currents of electricity.

### PROPER SLEEP FOR NURSES

By C. MAY HOLLISTER, R.N.

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Because the matter of gaining sufficient sleep when on night duty is a serious thing to many a nurse, we want to give a few suggestions on mind control<sup>1</sup> to the young nurse about to begin her career as a professional woman; for we believe that much wakefulness may be avoided and sleep naturally induced if nurses will begin in the early days of their training, to acquire control of their mind and control of their thoughts, when settling for sleep.

The rule for sleep is simple to tell and easy to remember. "Relax, put every kind of a thought out of your mind, make it an absolute blank and keep it a blank, and sleep will follow."

This requires a peculiar concentration, of a kind somewhat difficult to acquire. However, it is well worth practicing, until we are such masters of our minds, that we may go to sleep at will, provided there are not outside disturbances in the way of unreasonable noises. The practice may seem difficult at first, but exercise patience with yourself and make perseverance your watch-word.

When you discover that a train of thought has crept all uninvited into your mind, thereby destroying the kind of concentration for which you are striving, put it out and shut it out. Relax, picture to yourself an absolutely blank space and start in again to concentrate on that empty space. Every time you discover that a thought has crept into that space, tell yourself that you are not properly concentrating, are not exercising sufficient control. And remember, mind control and concentration, if not possessed, are valuable assets to acquire. You need their help in study, in lectures, in the careful heed to your doctor's orders, in the care of your patient, and last, though not least, you need them in helping you to gain sleep.

<sup>1</sup> For her ideas on thought control, as a means of inducing sleep, the writer is indebted to suggestions given several years ago in a magazine devoted to ideas on mind power.



When starting for your day of sleep, put your patients out of your mind. Before going off duty, you have, of course, been careful to make a full and complete report of the night work; you have given all the details of attention to your patients that it was your duty to do, so thoughts on those points need not trouble you just now. Let us hope you have not forgotten to empty, wash up and put away in its proper place, any utensil you may have used in the last hurried hour before going off duty. The recollection of such forgotten details may prove a hindrance to your sleep.

Next, let us consider a few little details that make for quiet and repose. If you are so fortunate as to have outside window-blinds, let us close them for the quieting effect; although some may choose to leave them open. We know of a nurse who, in the early days of her night duty, preferred leaving the window-blinds open, that the lovely, warm sunshine might pour in on her bed. So that is a matter of choice.

Next, see to it, that your bed is made and well made, the bottom sheet even and free from wrinkles as you would have it for your patient. Avoid falling into the mistake of telling yourself that anything is good enough for you, and that therefore in making your bed, you will just "slick up" the counterpane and pillows, so that your bed may present a favorable impression when the supervisor makes rounds or the house committee makes its tour of inspection. No, you need a well-made bed—take time to give it to yourself. Lastly, leave the anxieties of your most serious case behind you when you go off duty. To the very young nurse, this may sound almost heartless, but in reality it is your greater service to your patient, for he is in the care of others and your greatest efforts now in behalf of your patient, lie in your relaxing and finding that quiet rest and sleep which will enable you to go trustingly through another night of careful watching when you are again on duty.

Similar suggestions may be made to the young nurse on private duty. Put the case explicitly, then confidently, in the hands of the nurse relieving you, then go off to rest and to sleep.

Let us hope that the room to which you must go, is not one that has been slept in all night, and just vacated by its previous occupant. Such a room is not so pleasant to settle down in. However, in city apartments and other crowded homes, this is often unavoidable, if indeed, any kind of a place to rest in can be found, short of traveling home to your own room, an unfortunate circumstance frequently occurring in the city.

If you must use a room just recently vacated, see to it that it has been well ventilated, freshened and thoroughly cleaned up, the bed well aired and made up with a set of bed linen reserved for your own

use. This extra set of bed linen should always be arranged for. If you nurse in a variety of cities and towns with families of various grades of culture, you will probably find that some people expect you to use bed-sheets that have done service all night; but use tact, do not consent to use sheets that have just been slept in by another, even if that other person is a sister nurse.

If you are the first nurse on the case, show your assistant the courtesy of hospitality due a guest, and see to it that the chamber-maid has provided her with a set of bed-linen. If the chamber-maid has omitted to do this, tactfully draw the fact to the attention of some member of the family and do not leave to your assistant the unpleasant task of asking for her own bed-linen.

If the household does not glory in a chamber-maid, and some of the happiest homes do not, and if, through anxiety for the sick one, the family has become disorganized in its thoughtfulness for others, and demoralized in its acts of hospitality (as some families do), then the first nurse on the case may find that she must quietly, sympathetically and unassumingly, take the initiative in various little ways, and so, when the second nurse comes, she will attend to providing the second set of linen, as a matter of course.

As there are exceptions to all rules, so there may be exceptions to all hints and words of advice. In some exceptional instances, a nurse may find herself working with an assistant in whom she has good reason to lack confidence; in that event, she would not wish, nor expect, to sleep with quite that absolute abandonment which has been suggested.

If you are caring for a case alone and must be relieved by the family, you will, of course, leave full and explicit *written* directions for the member who is to relieve you, then, when you go off duty, go off with the purpose of relaxing and sleeping, that you may be in better trim for your patient when you return to him.

Again here may come an exception to our rule and the nurse may find that she must "sleep with one ear open" But fortunately, these exceptions are growing fewer and fewer, as the doctors and the public are coming to realize that in order to do good work and preserve her usefulness to the community at large over a fair and reasonable number of years, a nurse must have a full and reasonable amount of sleep and outdoor exercise.

MENTAL NURSING<sup>1</sup>

By ADELE S. POSTON, R.N.

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I shall endeavor in this communication to make plain of what mental nursing consists, and to show the great need of coöperation of the nursing profession in solving the problem of the treatment of mental disorders. The reluctance and timidity with which many nurses meet mental symptoms as soon as they present themselves in physical illness, are evidence of inadequate training. Even though a nurse does not care to specialize in this particular branch of nursing she should be able to meet intelligently the mental conditions which are common in physical disorders.

It is an amazing fact that as soon as the nervous system or the mind becomes affected the patient is apt to become an object of fear or ridicule, and this may be the time when wise treatment would prevent further serious developments. It is only recently that this responsibility has been recognized by physicians and it has still to be recognized by the nursing profession.

Mental disorders are just one form of sickness; it is only within recent time that we have begun to realize this, the old superstitious attitude towards insanity is still widely prevalent. The care of the sick has made great progress since the days of Sairey Gamp; the man who breaks his leg or has pneumonia, if in a settled community, can now find at his disposal a skilled nurse, a woman of fair intellectual level who has passed several years of purposeful study in preparing for her professional work. Even the poorest individual is able to get this, although he may have to go to a hospital to receive it.

But insanity or mental disease is more complicated than a broken leg or pneumonia; it is not a sickness merely involving one system or organ but involves the person's adjustment as a complete personality to the demands of environment. This introduction of the personality brings us to the very essence of the problem of nursing the insane.

In surgical cases, the physician demands that his patient be cared for by nurses who can be depended upon to carry out rigidly certain impersonal directions, involving attention to the various physical needs of the patient and to the numerous details of skilled surgical nursing; it is important that all these technical details should be rigidly carried out. It would be equally important to give the same attention in

<sup>1</sup> Read at the Mental Hygiene Conference, New York City.

nursing an animal after an operation. In order to give the patient satisfactory care, the nurse needs to have great technical knowledge and conscientious attention to impersonal details, and there is this same demand in nursing any medical case.

In nursing the insane, a nurse should not only have all the skilled medical and surgical knowledge necessary for the above; in addition she has to learn how to nurse the special disorder, which may or may not be complicated by the more usual medical or surgical disorders. What additional knowledge and experience does the mental nurse need to have?

The patients suffer from a disorder of their adjustment to their environment; they may be sad or exhilarated, overactive or underactive; the adjustment may be so disordered that the patient lives in a distorted world of his own, which may have more or less in common with the real world; he may hear imaginary voices and be distressed by odd delusions. Such disorders go with disordered habits of activity and with disordered interests or lack of interest.

The problem is to restore correct habits of conduct, to recultivate a healthy interest in life. The solution of the problem rests with the physician, but on the nurse devolves the task of actually carrying out with intelligence and initiative the recommendations of the physician.

The disorders vary a great deal. The treatment of each requires special experience, great tact, intellectual ability and keenness of perception, inspired by that sympathy which is the essential of all good nursing, regardless of the nature of the sickness. The patient demands encouragement by all methods and in original ways, and those who are losing interest have to be guided in the most optimistic way to normal, healthy activity. It is not enough to confine the nursing attitude to those suffering from physical illnesses, and it is not enough to merely care for the patient, to see that they are fed, clothed, and made comfortable; more than humane care is required, there must be specific attention by definite methods, carefully thought out and systematically applied. We have to deal with patients whose moods are abnormal. They may be depressed or morbidly exhilarated, they may be capricious or unusually irritable, they may be overactive or the reverse. Their grasp of the outside world may be quite distorted and their interests quite perverted in degree and quality. In the case of the depressed it is quite necessary that the nurse should understand the patient; she should know the condition from which the patient suffers, should find out what increases or intensifies the condition, should remove as far as possible these unfavorable influences, and try to arouse some natural interest, to engage the patient's activities along lines which

will draw him away from the disturbing thoughts and alleviate the distressing condition, which is as painful as any physical suffering.

In exhilaration we have the opposite condition, of greatly increased mental activity and a jolly, boisterous mood subject to sudden changes, so that all the liberty consistent with safety is given.

The treatment of overactivity in the past was restraint, but the application of restraint, even in the most humane form, has an undesirable effect on a sensitive, overwrought, restless patient. So it has been found that this energy can to a certain extent be utilized if directed properly, and can be turned into healthy channels by the proper sort of occupation; this calls for a great deal of judgment and tact, the nurse must be able to select the right kind of vigorous employment, and exercise that will prove attractive to this very impressionable and variable mood. In this condition of overactivity, packs and continuous baths are also given with the most satisfactory results.

Then there is the opposite condition, that of underactivity, where the patient, under the old way, would be allowed to remain inactive to the great detriment of the general physical and mental condition. The patient, if taken in the beginning by a painstaking, intelligent nurse, can by persuasion and tact be interested in definite things, thereby keeping alive some healthy interest, and by some sort of pleasant activity preventing the horrible state of chronicity, which, in some cases, may be the outgrowth of neglect and inefficient care.

In delusional cases, with disordered attitude and corresponding lack of healthy interest, the patients live in a world all their own, and again they must be aroused by some normal interest. It is here that the ingenuity and perseverance of the nurse is tried to the utmost, to be constantly on the alert to direct the actions and to keep the patient's attention. Their life must be directed for them. The physician tries to explain and correct the roots of the trouble, but the nurse has to cultivate their interests. The demands on the nurse require the highest qualities, she must *understand*, she must have initiative and enthusiasm and a desire to learn to serve.

When the nurse does not have an intelligent understanding, she is unable to meet the many and varied conditions which arise and she endeavors to do by force or other unwise tactics what could better be taken care of by a little wise management.

The care that has been given to insane persons in the very recent past has been frequently far from scientific and in a great many instances not even humane. But this is changing, people are coming up to a higher level and inefficient care will not longer be tolerated.

A criticism might be made that, in the case of many chronic patients,



no amount of care will make any marked improvement; we must remember that these patients are to a certain extent the *product* of the régime which is just passing. They pay for the neglect of the nursing profession.

The two agencies most employed in recultivating the healthy interests of the patients and restoring correct habits of conduct are: First, occupational training, which includes basketry, rug and linen weaving, brass and leather work, lace making, drawing, painting, embroidery of all kinds—and any other things that can possibly be adapted to the needs of the various classes. Individualization in the choice of occupation is necessary in order that the work assigned may be suited to the patient's existing condition. The patient with the degenerative tendency may be improved by the development of the latent interests, thus diminishing unhealthy activities by furnishing healthier substitutes. The depressed patients, who feel as if the weight of the world's woe rests on them, must not be left alone with these distorted thoughts. So some attractive employment must be found for them that will interest them, and finally the unhealthy ideas will be crowded out.

Another important feature of the treatment is calisthenics and games, which furnish a variety of interests and there is nothing more normalizing than active play. Aside from the beneficial physical effects that healthy activity produces, it enlarges one's interests, and a majority of these people have had a poverty of interests heretofore. A great many of the people who come to the hospital do not know how to play, so that all sorts of bodily activity from the very simplest calisthenics to all normal outdoor sports are employed.

The chronic patient, who has been allowed to remain inactive, perhaps for years, can best be aroused by music, since the idea of rhythm remains longest. After getting the patient's attention the matter of reëducation is well begun. All sorts of drills and folk dances as well as golf, tennis, hockey, etc., are used to suit the particular need.

The final influence on the patient of systemized treatment is another aspect of the subject which is worthy of attention. If he has been in a hospital where scientific activity prevails, and where definite treatment has helped to bring about his recovery, he realizes that he has been sick, and that he has been in a true hospital, and no longer feels disgraced because he became ill with some mental disorder.

Now we know that much may be done for these patients; we recognize the need of intelligent nursing in the earlier stages, before the patient has his distorted ideas and habits of conduct thoroughly fixed, and we realize that it is to a large extent a nursing problem. The physicians cannot solve it alone. Nursing was developed in the begin-



ning through altruistic motives, and now it is a remunerative profession. Mental nursing will have to be taken up with the same enthusiasm and ideals. It has a great future.

MENTAL HYGIENE IN THE SCHOOL<sup>1</sup>

By KATHARINE MANLEY, R.N.

School Nurse in New York City

"There are three wicks to the lamp of a man's life: brain, blood and breath,  
Press the brain a little, its light goes out, followed by both the others."

HOLMES.

When the truth of this statement is impressed equally on teachers, parent and pupil, then in time we may be able to abolish ungraded classes, truant home and asylums, and decrease the number of our jails.

"Press the brain a little, its light goes out." How rarely does the system, the teacher or parent ever consider the possibility, that in each individual case the wick is not equally absorbent, equally capable of consuming the oil of knowledge. An excess of fuel often snuffs out the flame, and adds to the number of our mentally defective.

Children develop mentally at different ages, as the result of nationality, heredity and environment, and consequently require more individual attention in their earlier classes. Inability to keep to the standard of the class, inattention, unruly disposition, truancy, etc., are evidences, not necessarily of feeble-mindedness, but frequently of bodily or mental ill-health, which can, with proper care and medical supervision, be overcome. Many are improperly housed and fed, given very little encouragement to grow physically, morally or mentally, and when the child shows mental inefficiency these conditions should be investigated and, where necessary, corrected.

Generally it is easier to follow the bad than the good, to do wrong rather than right, the normal child has to strive continually to make the better choice and the mentally weak require stronger incentive and greater inducement to reach the goal.

Ofttimes children are mentally sick because of physical defect, poor vision, enlarged tonsils and adenoids, imperfect nutrition, anaemia, nervous disorders, etc., all conditions that cause the child to be discontented and apparently dull and backward, yet conditions yielding to treatment. When these defects are found on inspection in school, the coöperation of the parent and family physician is not always given,

<sup>1</sup> This paper was awarded the first prize offered to nurses of the Division of Child Hygiene, New York, for the best essay on the subject.

with the result that the child's retardation is increased, until possibility of correction is past, and teacher and parent alike regard the child as hopeless. If we could make the parent realize that the child will not outgrow these conditions, that time will only add to them, that only by careful and capable medical treatment will the child grow to proper health and normal mentality, then a great deal might be accomplished. The great problem seems to be to make the parent and family physician regard the departments of health and education, not as officious taskmasters but as friends and co-workers for the ultimate welfare of the child and community.

The mental hygiene of the child should begin with its birth, not when it enters school. The early period of its existence should be so ordered, that its mind would develop as carefully as its body. Mothers should be taught that a baby requires quiet and hygienic environment. Parents should study and know their own deficiencies and when these characteristics appear in their child should, as early as possible, try firmly and kindly to correct them. Teach the child to do good and be good, not because it will be punished but because it will be healthier, wealthier and happier.

Teach the school child the benefits of mental and physical health, as well as to read and write and to draw; teach the benefits and comforts of cleanliness of mind and body in the home and school, the value of mental and bodily exercise—and always explain "why." Most of our infringements of the laws of health and mental hygiene are because we do not understand "why" and most of us have to learn by experience.

We cannot possibly expect to accomplish much with this generation, we can only hope to properly educate the present parent and child, by teaching them that it is no disgrace, but a misfortune, to be sick or backward; and by showing that the fault lies in not doing all possible to help the weak and in not trying to raise the standard of the future, by a more rigid attention to the laws of inheritance, health and environment. A great deal may, and must be accomplished by the Division of Child Hygiene, whose work begins with the prenatal and follows the child through its infancy, its babyhood, its school life and starts it on the way as a wage-earner. But complete success depends on the parent, the school and the family physician, rarely, unfortunately, can the coöperation of all four be obtained, especially in the case of the mentally-weak child. With such coöperation the Division of Child Hygiene could attain its ultimate purpose, and demonstrate to the world in general, that from a comparatively small expenditure can result a return priceless to the nation.

## HOSPITAL VIGNETTES

By GRACE CAMPLING

Brighton, England

## II

In a far corner of a long line of beds in "Gloucester Ward" are gathered doctors and nurses in earnest consultation over an old, old man—"Daddy 9" he is called. For years he had been an "in-and-out" patient of the hospital, the incurable disease from which he suffered now better, now worse—at last it had reached a stage when the only possible relief was an operation, and now the doctors are trying to persuade him that it is his only chance, but Daddy is conservative; "newfangled ways" are not for him; he'd rather suffer and die. Sorrowfully the doctors leave, giving such instructions as will make the old man's leave of this world easier. It is all they can do; other "cases" claim them, and Daddy 9 passes out of their lives.

It is "Visiting Day." Each patient of this long ward is watching with eager eyes the stream of passers-by for some dear familiar face to be attracted by cries of "Here I is!" Two chairs are placed by the attentive nurse, and Bill is telling the wife and "young 'uns" every detail of ward life; a happy group, for Bill is on a club, so need not worry while he is laid aside that the wife and children are uncared for, and today he tells them he will soon be home. He owns a prize donkey, and great are the plans that "Jemmy" shall fetch him. His eldest child, a slim girl of sixteen, has timidly presented nurse with some flowers, but for Dad she reserves a small bunch of violets, of which he is especially fond. They chat of other patients; Bill, who has been in a long time, is very popular. In his bright, cheery way he has helped many over that "strangeness" all new patients feel in a hospital ward. One only has not responded, and his honest face clouds when he looks across to that far corner where Daddy 9 lies, a lonely, gaunt figure; no one ever visits *him*. Nurse Edna, a young probationer, feels sorry for his loneliness, so takes her "off duty" time then, telling him she is his visitor. The old man smiles feebly and seems satisfied. The troubled look momentarily disappears. With a start his thin hand clasps the violets which Bill has told his young daughter to give. Smiling, she gives Bill's message, "Dad hopes you're better now," and flits away before the old man can utter a word, but for the rest of the visiting hour his eyes are fixed on that young face, and as the door closes upon the visitors, nurse hears him mutter, "It's Maria's kid growed up." Gently she lays him down. He seems suddenly weaker, sinking

slowly but surely to a Great Rest; the eyes close, simultaneously the hand holding the violets is raised to his lips, and with the kiss imparted, the spirit leaves the tired body, happy in the reconciliation wrought by the giver of a bunch of violets.

### NURSING TYPHOID FEVER<sup>1</sup>

By ELLEN LYNN LEWIS

Graduate of the Protestant Episcopal Hospital in Philadelphia

This subject may be discussed under the following heads: arrangement of the room, general precautions, the record, complications, control of temperature, convalescence.

1. *Arrangement of the room.* The room should be well ventilated, having the bed where the patient will not be in a draught, and the temperature of the room, while there is fever, should be kept at 65 to 68°. The patient should be kept very quiet, having no visitors, members of the family being seen as little as possible.

As long as the patient is running a temperature, the bed linen should be changed every day, and should it become at all soiled from the urine or feces, the sheet should be removed at once and put in disinfectant. Take all unnecessary chairs, etc., out of the room, and have a table for medicines and glasses, not too near the patient's bed, as the sight of such things often worries the patient and makes him very nervous. As little cleaning of the room as possible must be done, though it must be kept clean and neat always; but much sweeping and fussing around the room worries the patient, especially a man.

2. *General precautions.* The patient must be kept in a recumbent position until there has been no fever for some days. One pillow under the head is quite sufficient. Careful watching is very important. Typhoid patients are often delirious and are very cute in it. The nurse may turn her back for a second, and her patient tries to slip out of bed. Always have a reliable member of the family to stay with the patient when you leave the room, even for a minute, and when you go out for rest and recreation, try to have that same person, whether the patient is delirious or not, take your place in the room, writing down everything that has to be done, and explaining how it must be done before you leave. Be very emphatic about not letting friends into the room; they will cause more worry, nervousness and rising temperature, more than enough.

<sup>1</sup> Read at a meeting of the Tennessee State Nurses' Association.

Patients often think they cannot use a bed-pan, but they must, though it may have to be put under them a good many times before they can. If it is for urinating, putting hot cloths over the bladder will sometimes make them urinate, or pouring water from one pitcher to another may also have the desired effect; after they have used it once they seldom have any more trouble in this respect, as it is generally fear of soiling the bed that keeps them from using the pan.

We must use great precautions about the discharges from the body. The urine, as well as the stools, must be thoroughly disinfected before disposing of it, and flush the toilet well after emptying discharges into it. Always put and leave some disinfectant in the pan, when it is washed, so that it will disinfect the evacuations while still under the patient. Platt's chlorides is most excellent, as there is no danger of the patient's being burned or made uncomfortable by that, and it is odorless, which means a great deal to a sick person.

The patient's mouth should be washed with listerin or something of the kind, several times a day, and what is rejected from the mouth should also be disinfected.

When in the country a trench must always be dug in which to bury all discharges, and lime should be used freely therein, before filling in the dirt.

The diet, usually liquid, must be given according to the doctor's orders—though some doctors give semi-solid food all the way through, and it must be given every two or three hours, with perfect regularity. Buttermilk, beef juice and albumen are usually given. As the appetite comes, we have to caution and often frighten the members of the family about giving any solid food to the patient.

3. *The record.* A full, accurate and careful record must be kept for the doctor to see, temperature, pulse and respiration taken accurately and recorded every two or three hours, and if there are any alarming symptoms, not only record them at the time, but notify the doctor at once. The hours that the baths, nourishment and medicine are given must be recorded. The character of stools, how many, large or small, and the amount of urine passed are all very important things for the doctor to know. Record also how much sleep the patient gets, whether for only a short while at a time, or for hours, and whether the patient is delirious or not.

Some doctors prefer the record to show a summary made each 24 hours of the amount of food taken, urine passed, number of stools, how much sleep, and the amount of water taken, which should be a great deal.



4. *Control of temperature.* The temperature is controlled entirely by baths, usually cold ones, although when a patient is of a nervous temperament it is better to begin with tepid water, and if necessary gradually reduce the temperature until it is cold. Hydrant, cistern and well water are usually cold enough to reduce the temperature, though we sometimes have to use ice water. When a high temperature is running, take the temperature every two hours and give a bath if it is up to  $103^{\circ}$ , using a rubber sheet, with a domestic one over that, on the bed, so that plenty of water can be used. Roll the patient on to the sheets and cover with a light-weight blanket, remove the night gown entirely, and leave the upper part of the body exposed; have a bowl of water and a good-sized sponge, which must be full of water so it will run over the body on to the sheet, making a puddle of water under the patient. Sponge the chest ten minutes, each arm five, and then if the chest feels warm to the hand that has not been in the water, sponge it again five minutes, then cover that part of the body with a blanket to keep the patient from feeling chilly and uncomfortable, and uncover the lower part of the body, using a towel to prevent unnecessary exposure, and bathe each leg five minutes; cover and turn on side, get into position to get at the back well; expose the back and hips and sponge ten minutes; take the temperature, and if it has fallen as low as  $101^{\circ}$  dry the back and hips (the rest of the body is generally dry from being under the blanket) roll the patient on to the bed and put on gown; but if the temperature is *not* down, sponge chest and abdomen another ten minutes and take the temperature again; if it still is not down low enough, sponge the back ten minutes. By this time it usually is down, if enough cold water has been used.

If the water in the bowl gets warm from dipping the hot sponge into it before it is all used up, pour out and get more cold water. The water that is on the sheet should be dipped out also when it gets warm. Sometimes the patient has to be sponged  $1\frac{1}{2}$  hours before the temperature drops, and often a sponge bath will not reduce it at all; if it does not, then a "sprinkle" should be given. Take a *wide* rubber sheet,  $2\frac{1}{2}$  yards long, cover it with a sheet and roll the patient over on it; remove the gown and wrap the sheet well around the patient, so that the water will not come in direct contact with the body as you sprinkle, and cause a shock. Make a trough of the rubber sheet, using quilts and pillows, and have a foot tub or large bucket at the foot of the bed to catch the water when the trough gets full, or the water warm enough to be drawn off, have a gallon watering-pot of tepid water ready for use when the patient is wrapped in the sheet; put a cold cloth on the forehead, and sprinkle up and down the body from chin to toes; after the



first pot of water is used, get cold water and sprinkle for fifteen minutes; then take the temperature and if it has started down, it had better be taken every five minutes. It usually drops rapidly when it does start. Thirty-five minutes is about the longest time it takes to reduce a high fever. When it gets down to  $101^{\circ}$ , draw the water out of the trough at the foot of the bed, into the bucket, and empty as fast as you can. When all of the water is out, cover the patient with a light blanket while drying, then gently roll into the dry bed; put on the gown, raise the window and take the temperature again, which is usually found to be down a good deal more. By this time the nourishment is generally due, it may have been due when the bath was, but it was not wise to give it then, as frequently it does not digest if taken just before a bath.

When the temperature begins to rise again after a bath or sprinkle an ice cap or cold cloths should be kept on the head, for even though the fever reaches  $104^{\circ}$  or over, it is better not to give a bath oftener than every two hours, as it exhausts the patient so much that it does more harm than good.

5. *Complications.* While distension of the abdomen by gas may not be called a complication, it is certainly one of the most worrying things we have to contend with. The doctor generally gives turpentine by mouth for it, but frequently has to order enemas with the turpentine in them, which, given slowly, with cool water, will often cause the patient to expel a great deal of gas. Hot turpentine stupes will sometimes give relief, to insert a rectal tube is another good way to get off the gas.

During the second week we have to watch for hemorrhages, and should the patient have one, the doctor must be notified at once by someone, while the nurse gives a hypodermic of morphia gr.  $\frac{1}{4}$  (which she has asked the doctor about giving in case of hemorrhages, when she first took charge of the patient). Put ice on the abdomen, and keep the patient strictly on his back; it is a very good thing to raise the foot of the bed about six or eight inches, and keep it that way for several days. The patient must be watched very closely, as he generally becomes delirious, has a pulse rapid and weak, and is in a cold sweat. Keep hot bottles to feet and keep well covered. He must not be allowed to turn by himself, raise himself for the bed pan or make any exertion whatever.

Perforation is the most serious complication; it is accompanied by pain in the abdomen, rapid pulse and sudden change in temperature often indicating a collapse. The doctor should be notified at once.

If the patient is not looked after and well cared for, bed sores will

soon develop. The lower part of the back, shoulders, hips and elbows should be rubbed frequently with alcohol and alum, to prevent them.

6. *Convalescence.* This is a very important stage of the disease, as the fever leaves the patient in a low, weakened state for a few days. He must be carefully watched; the pulse often becomes rapid and weak, heavy sweats are frequent, and leave the patient exhausted. Stimulants have to be used, heat to the feet and sometimes all around the body. A good alcohol rub when the patient is perspiring is a great relief to him and often checks the excessive perspiration for hours. When this weakened condition is over, the patient regains strength rapidly; he is ravenously hungry, but liquid diet must be given until the doctor orders soft diet, which is usually after the fifth day, and then a soft boiled egg is given, and each day a little more is added, such as cornmeal mush, baked apple, crackers or beaten biscuit, baked potatoes and rice, and so on until the patient is on solid food once more. The doctor's orders must be carried out strictly about the diet. Nurses and doctors are often unjustly charged with the responsibility of a reinfection which occurs at this stage. Such accusations nearly always arise in connection with the diet.

The patient is usually constipated during convalescence, but we must see that the bowels move well every day. Castor oil is generally ordered by the doctor after the fever has left and enemas will usually move them sufficiently, after the oil, until cascara or something of the kind is prescribed. As the patient begins to sit up and take solid food the bowels get in a good, natural condition, and the use of laxatives is unnecessary.

When the patient has been free from fever for three days, another pillow is put under his head, and an additional one each day until propped up in bed, the day before he sits in a chair, which in the average case, is one week after the temperature has been normal, in the afternoons. When he is put in a chair the pulse has to be watched, and if it becomes weak and rapid, he must be put back in bed at once; otherwise, if he does not show signs of fatigue, an hour will not be too long to sit up for the first time, and the next day two hours in the morning and two in the afternoon, increasing a little each day as his strength returns. It is often necessary to make patients walk, they are so weak and nervous that they want to sit still, but after a few trials they regain strength and confidence both, and soon learn.

## EMERGENCY OPERATIVE CASE

By ALICE JANE DREW, R.N.

Graduate of the Laura Franklin Hospital, New York City

When Doctor S. called me to an emergency operative case I was all enthusiasm, as it was to be my first laparotomy on private duty.

His diagnosis was ruptured ectopic. I arrived at the patient's home at eleven o'clock Sunday morning. A practical nurse met me on the stair landing. She was all excitement, and wanted to leave at once, as she was so nervous. I knew the operation was to be at two o'clock, and thought she could help prepare the operating room, but she did not care to stay, so I had it to do alone in three hours' time.

As soon as I was in uniform and had met the patient, I directed Mr. A. (the husband) to remove all the furniture from the large south bed room near the bath room. Then I went directly to the kitchen, where I found a splendid colored servant, "Callie." She soon had the clothes boiler from the laundry, which I scoured with sapolio. When thoroughly cleaned, we partially filled it with water, put a towel over the top and tied it to the handles so it could not slip in. I put the cover on and had it boiling in a few minutes. Meantime I had Callie scouring the fish kettle, and had it filled with water and set to boil. The second boiler I used for sterilizing sheets and towels.

I put about six inches of water in the boiler, made a hammock of a towel by suspending it between the handles of the boiler, and placed sheets and towels (which were wrapped in old linen) in the hammock, put the cover on tightly and left them to steam. I also had Callie make up a good fire, and told her to make a pot of strong coffee at one-thirty p.m., to be used for stimulant, if necessary.

The patient's sister had been sitting with her during this time. When I returned to the sick room I took with me a tray, bearing green soap (which I had in my bag), alcohol, razor, bichloride solution and dressings. The dressings were soft old towels, which I found in the linen closet. I used a roller towel for a binder to keep the dressings in place. I told the patient I would have to prepare her abdomen for the operation. She was a sensible little woman and helped me greatly by her wonderful self-control.

Having shaved and prepared the abdomen with bichloride dressing, I gave a low enema, which the doctor had ordered. Then I had the sister comb the patient's hair and braid it in two braids, while I went to the operating room. I had Callie Bon Ami the windows and take down the pictures, wipe down the walls, and wash up the bare floor; fortunately the patient had rugs in this room.

Doctor S. was to bring his portable operating table and supplies, such as dressings and gowns. I had three small tables, one for instruments, one sterile table for dressings (sheets, towels, etc.) and one for anesthetic apparatus; solution bowls I had on chairs.

Across the top of the radiator I put a board, on this I had an emergency hypodermic of strychnine, alcohol, whiskey, absorbent cotton. In the bath room I had scoured the bath tub to hold a solution of bichloride, in which I put solution bowls, pitchers, brushes, etc.

In a room across the hall was a set basin, so that was used for scrubbing up by the surgeons. I had put lime and soda here, as well as in the bath room. The sterile water in the boiler I had Callie take from the stove to cool at twelve-thirty. Then I made some normal salt solution and had that hot. Rubber gloves were used, wet, sterile. Instruments were boiled in the fish kettle with soda. The sterile sheets and towels were wet and hot, as they had not had time to dry in the oven.

At two p.m., the surgeon arrived with another nurse, whom I was very glad to welcome, but everything was ready, even to laparotomy stockings, which I had had the sister make while sitting with the patient.

They were two remarkable little women. The doctor had told them how serious the patient's condition was, and they bore up wonderfully, each for the sake of the other.

The patient's hair was very long, so a towel was used as a cap, to protect the hair, also to keep it from interfering with the anesthetic. A flannel pajama coat, fastened in the back, was used as the patient's gown during operation. The anesthetic was given in the patient's room, and at two-thirty p.m. she was carried to the operating room.

The doctor's diagnosis was correct. On opening the abdomen the right Fallopian tube was found to be ruptured, and the abdominal cavity contained quantities of dark clotted blood, which was removed.

At three-fifteen she was back in bed. Strychnine was the only stimulant necessary. Head of bed elevated. Patient's condition good.

The surgeon did not conceal from the husband the seriousness of his wife's condition. We watched her closely, and to our great surprise and relief she rallied from the operation, and gained rapidly.

The second nurse stayed for a week, doing night duty, and each day the patient improved. After the third day I wrapped her well in a blanket, opened the three windows in her beautiful sunshiny room, and let her bask in the sun for an hour. The patient was a western woman and loved fresh air, and we had plenty of it at all times.

Her temperature was normal until the ninth day when there was a slight rise, and a slight swelling of the left limb between knee and

toes. Temperature reached 102° on the eleventh day, and the left limb was decidedly swollen. It had been elevated but that did not seem to relieve it. The doctor's diagnosis was "phlebitis" so ichthyol dressing was applied; limb wrapped in cotton, elevated, and external heat applied. At the end of the third week it was practically normal.

Five weeks from the day of operation the patient went downstairs, and in a few days was having her daily automobile ride. Six months after operation she was cranking her machine, and running it by herself.

Today she is perfectly well, and delights in showing her surgeon the wonderful garden she tills herself.

## THE RED CROSS

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IN CHARGE OF

JANE A. DELANO, R.N.

*Chairman of the National Committee on Red Cross Nursing Service*

### RED CROSS SERVICE DURING THE PERRY CENTENNIAL

BY FRANCES MUNRO

On September 3, a meeting of the Cleveland Red Cross Nursing Service Committee was called by Miss Johnson, the chairman, at the Isabel Hampton Robb Memorial Club House, to discuss plans for the appointment of nurses to serve in first-aid Red Cross stations during the Perry Centennial, the week of September 14.

Miss Johnson stated that Mrs. Fanning, a member of the local Red Cross Chapter, had been appointed by his honor, Mayor Baker, to look after this part of the celebration and had asked her to furnish nurses. Miss Johnson told her this could not be done without permission from Red Cross authorities at Washington. Miss Johnson wrote Miss Delano and at the meeting read a telegram, part of which was as follows:

You are authorized to call on as many Red Cross Nurses as are necessary in First Aid Stations if in coöperation with Cleveland Red Cross Chapter and if expenses are paid locally.

A letter further added:

It would be necessary to have a carefully selected nurse in charge of each station and that caps and brassards would be furnished from Washington.

Miss Johnson also reported that she had been invited to attend a meeting of the Red Cross Chapter at which Mrs. Fanning had been appointed Arrangements Committee and the Chairman of the Red Cross Nursing Service for the Centennial, also that \$15 had been voted by the Chapter to the nurses for emergency supplies, but to be used only if absolutely necessary, supplies to be obtained by donation if possible.

The list of members was looked over and it was found that probably fifty-nine were within reach. A number of these were selected for head nurses, all were to be asked to volunteer their services for the whole or as much of the time as they could arrange for. It was decided



to have three stations, to meet again the following week, and to ask Mrs. Fanning to be present.

On September 8, the second meeting was held with Mrs. Fanning, Mr. Eugene Foster of the Associated Charities, and Miss Evans, Director of the Training Class in Social Nursing, present.

Mrs. Fanning said that Dr. R. H. Bishop had been offered by Dr. Dawney of Lakeside Hospital; Dr. Ricard of St. Luke's and Mr. Howard Dwight of the City Hospital had offered the services of their house staff for continuous professional duty at the stations. Mrs. Fanning undertook to obtain the tents, cots, mattresses, pillows, and distillata, also the help of Boy Scouts and police protection; the nurses were to solicit from other sources the donation of all other necessary furnishings and supplies.

Miss Johnson reported that owing to the absence of so many nurses from the city it would be impossible to maintain more than two tents during the whole time. One of these was to be at Ninth Street and Lakeside Avenue, near the mooring of the *Niagara*, Commodore Perry's flagship which recently has been recovered from its long resting place at the bottom of Lake Erie and has taken so prominent a part at all the Perry celebrations during the summer. In this locality a great concourse of people was expected to assemble. The other tent was to be situated in the Public Square, always a center in Cleveland life.

Mr. Maymond, secretary of the Local Red Cross Chapter, wrote to Washington for four Red Cross flags, and Mr. Foster suggested having, and said he would provide, membership tickets to be kept at the tents for the greater convenience of enlisting the interest of visitors to the cause.

Miss Evans volunteered as head nurse for one tent during the four days and Mrs. Engel thought the Babies' Dispensary Red Cross Nurses could supervise and take entire charge of the other. It was decided to have the hours of duty from 9 a.m. to 5.30 p.m.

Saturday morning the tents were in place and the day was spent in making them ready for patients. Each was provided with two cots, a coal oil stove, distillata, chairs, screens, head nurse's desk, surgical tables and all drugs, instruments, dressings and equipment necessary for emergency work. Each nurse had her own hypodermic syringe.

The nurses served for the whole or half a day as they were able, three or four on duty all the time in addition to the head nurse.

At the Public Square Station were six doctors from the City Hospital, in turns half a day each. At the Ninth Street and Lakeside tent six doctors from the Lakeside Hospital assisted.

Giving drinks of water, showing courtesy to visitors and explaining

the purpose of the Red Cross demanded no inconsiderable time. There was a constant stream of onlookers, many prompted by an idle curiosity usual at such times, but again many with a real interest in the work of the Association. A visitor's book was kept in which when possible all were asked to sign their names.

In addition to the care this entailed, seven people received medical or surgical aid at the Ninth and Lakeside tent, one of them being transferred from there to the Lakeside Hospital, being carried in a hand chair by the Boy Scouts.

The Public Square Station, being more in the center of things, was naturally a busier scene of activity. In all, forty-three people were cared for there. Medical or surgical aid was given to twenty-two, rest and drinks to nineteen and refuge to two lost children. On Wednesday, the day of the parade, the two cots were constantly occupied—two cases were referred to hospitals and one transferred to the Huron Road Hospital.

The sum total of people cared for was 50.

On Tuesday Miss Johnson called an informal meeting of the Committee at the Public Square Station to meet Miss Mary E. Gladwin, of Akron, Chairman Ohio State Committee Red Cross Nursing Service. She had visited both stations and appeared pleased with all the arrangements and appointments. She and Miss Johnson expressed the need (and the idea was also suggested by Mrs. Fanning) of having a fully-equipped permanent Red Cross tent stored in a suitable place, to be used for demonstrations and also to be ready for any emergency.

It was with regret the members received Miss Johnson's resignation as Chairman of the Local Committee on Red Cross Nursing Service. Her knowledge of organization and cheerfulness in guiding and helping in any work will be greatly missed during her short absence from Cleveland. Miss Gladwin appointed Frances Munro as temporary chairman till the end of the year.

The nurses were sorry Miss Gladwin's stay was a hurried one. Her knowledge of the Red Cross work gained from an extended and varied experience make her advice very valuable and her energy is inspiring. Her brief visit was very much appreciated.

Owing to the continued absence of nurses from the city the plan for a model station under the supervision of Miss Edith Morgan, which it was hoped might be arranged and open for inspection on Wednesday, the day of the parade, had to be abandoned.

Too much praise cannot be given the Boy Scouts for their gentlemanly manners and willing and intelligent aid in carrying people to the tents, giving drinks of water, assisting with errands and in the

removal of furnishings at the close. Four were on duty during the day in each tent and two with a scout master or assistant scout master served as protection at night. On several occasions they were at these times called upon to themselves render first-aid. Several mornings notes pinned to the tent poles were found, saying, for example:

"To The Nurses:

Last night we had to use some of your supplies for which we are sorry, but it was necessary.

At your service always,

JOHN SMITH,

*Assistant Scout Master, Troop —*

The nurses on duty during the Centennial were: Head nurses, Cecelia Evans and Mrs. Austa Engel; assisting nurses, Mrs. Carrie Lewis, Mrs. Minnie Hosman, Mrs. Adelaide McKee and the Misses Emma Mandery, Edith Morgan, Louise Litzenstock, Anna Gladwin, Margaret Weidemann, Fern Smith, Anna Ellis, Rosina Volk, Josephine Webster, Katherine Rickmers, Ina Clark, Ethel Osborne, Evelyn Spieth, Emma Sedkle, Susan House, Caroline Wuertz, Margaret Trojan, Moyer, Mary Duffy, Ethel Hanson and Frances Munro.

The nurses were very grateful for the kindness of those who either loaned or donated the articles and furnishings for the tents and also to those who showed other and varied courtesies.

Wednesday evening his honor Mayor Baker sent word through Miss Fanning that the need for the service was at an end. Thursday morning, therefore, the tents were dismantled. All who took part felt that the work done was not a vain one and that at any future public celebration of such an extensive nature the need for the Red Cross nurses would be felt and asked for.

## FOREIGN DEPARTMENT

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IN CHARGE OF

LAVINIA L. DOCK, R.N.

### THE CAMPAIGN AGAINST VENEREAL DISEASE

#### ITEMS

The campaign against venereal disease is now taking definite form in Great Britain. The British Medical Association has come out clearly and boldly in public meetings and resolutions, and the government has granted a parliamentary commission to investigate the conditions. It will always be a matter of honorable pride among nurses that their profession, in its organized bodies, set the example in Great Britain of public discussion and an open declaration of war against these plagues. Mrs. Fenwick, through the *British Journal of Nursing*, is now calling upon the National Council of Women also to take up this most vital question for study.

In the weekly paper published by the Militants, called *The Suffragette*, Miss Christabel Pankhurst is writing a remarkable series of articles on the social evil, in which she exposes the medical, social, legal, and political aspects of prostitution and disease with rare fearlessness and directness.

Elsie M. Chung, head of the nursing in the Tientsin hospitals under Dr. Yamei Kin's direction, expects to come to San Francisco in 1915. She writes:

I shall certainly hope to be present at the next Congress in San Francisco in 1915. Last December I had the honor of nursing President Yuan-Shih-Kai, and I was able to tell him a great deal about the nursing profession. He was much interested. He is generously meeting the expenses of the publication of my translation of a book on nursing, which will be on sale I hope very soon. He has also promised that I shall represent China at the next Congress.

The officers of the International hope that a society of nurses may be organized in China which will enter the Council in 1915.

Jeanie Sutherland, a New Zealand nurse, who has been visiting the United States and Canada writes:

I was almost a curiosity away down South in the United States. Some of the people had never heard of New Zealand and asked me where it was and what sort of people lived there and imagined natives living everywhere and being sort of slaves to the white people. I soon enlightened them and in one place a deputation waited on me asking me to give them a lecture and tell them about New Zealand, also if there would be work for missionaries out there to come and Christianize the people. I laughed and told them we could train our own missionaries, and nearly. "We are even training them to send to the United States." One lady, a clergyman's wife, came up to me and said, "I cannot imagine a lady so civilized as you living in a little island away out in the Pacific Ocean." I am sure they thought the island small enough for me to run all round it every day and that there was even danger of falling off into the water. Some of the people also asked my friends if I could speak English well, or was my language very broken, seeing that I was a "foreigner."

Americans often laugh at foreigners for their vague ideas of our geography, but evidently we are equally vague.



## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

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IN CHARGE OF  
EDNA L. FOLEY, R.N.

### COÖPERATION

An exasperated visiting nurse recently defined coöperation as "suppressed vituperation." The nurse in question had spent a busy morning looking up a supposedly sick baby that was reported by a relief worker to be in a "dying condition" and "frightfully neglected" by a "nurse who had called the previous day." The righteously indignant worker unfortunately gave the street as "East" instead of "West" so an hour and some unnecessary carfare and telephone calls were spent before the nurse arrived at the baby's home. There she found a little 17 months' old child, one week out of a hospital, where it had been treated for malnutrition. Its temperature was normal, its clothing immaculate, but the mother had no food for it save what a friend, with whom she was living, gave her. The doctor who had been sent for on an emergency call gave a diagnosis of underfeeding for both mother and child, said reproachfully "that it was a dispensary, not a city physician's, case," and departed. The nurse who had called the day before had asked for milk for the baby and work for the mother of the relief society, but the young investigator had made her own diagnosis and reported the neglected baby. On the same day a report came in from a neighboring city that the visiting nurses were so busy investigating and giving relief that their really sick patients never received any nursing care at all, while at least 25 per cent of the income of the society was dispensed in alms. "The time has come," to quote the walrus, when a modern Apelles is needed to remind us that shoemakers had better stick to their lasts. Nurses are vexed and outspoken when other workers interfere with their hospital plans for a sick woman, or when they make random diagnoses of other patients and send them to dispensaries or the house of correction, as the case may be. Nevertheless visiting nurses continue to plan for the social rehabilitation of whole families without asking the local relief societies to do more than pay the bills. The ancient art of giving relief in an unobtrusive fashion to one's neighbors has developed into a

modern science, and nurses desiring to practice it should prepare themselves accordingly, by doing more than spending a few months or years in district work. It seems fairly simple, for a nurse approaches a needy family at a psychological moment, most propitious to her calling. Some one is ill, the nurse can help on her first call, and her ministrations gain for her the gratitude and respect of the whole family. Because of the illness, the family appears to be in need of many things and a nurse, trained to "stat" orders, can't always see why her advice is not immediately acted upon by the relief society. If a father can afford to buy a special diet for a sick child, but refuses to do so, a busy nurse has not time to make him see the error of his ways, so she telephones the relief agency. Or the village ne'er-do-well thinks he would be better able to carry out the instructions given him at the tuberculosis clinic if he were sent to a sanitarium rather than to the almshouse. Again, the relief society. It would need to be made of money to meet all of our requests and nurses would need to be endowed with the magic touch of healing to be able to accomplish all that is expected of them in homes of poor, very sick patients.

The time has surely come when coöperation should cease to be a very much over-worked word and become a friendly intimate relation between two sets of busy workers, for constructive work that will best help today's typhoid patient and his family, requires painstaking, careful investigation and planning on the part of both relief worker and nurse and neither can afford to ignore the other if the work is to be thoroughly done. Coöperation implies mutual helpfulness, not veiled criticism. The world is large enough for all of its workers but the task is too great for malice and fault-finding. Just criticisms should be made openly and to the proper persons, and societies not meeting their responsibilities should be themselves investigated, but no family situation nor big social problem was ever helped by oft-repeated, unwritten complaints that degenerate so easily into cheap gossip. Thorough investigation is not "red tape;" it is the rock on which all good, scientific and lasting work is founded.

A little book has recently been issued by the Chicago School of Civics and Philanthropy that will interest and help all public health nurses. It is entitled *The Charity Visitor, A Handbook for Beginners*, by Amelia Sears. Some day we may have such a book for new public health nurses, but this one in many ways is applicable to our field and will help new workers to get their bearings in unexplored territory and gain an appreciation of the value of well-kept records for all agencies working for the public welfare.

## ITEMS

ILLINOIS. Edna M. Neyrer (West Side Hospital, Chicago) spent the summer in charge of a camp for crippled children at Burlington, Wis. The following extracts from her report may be of interest to nurses who wonder what the children of the districts are like:

The boys loved to play base ball and they had some exciting games. If the catcher couldn't stand without crutches he could get on his knees; if the batter hadn't the use of two hands, he would use one, and if he couldn't run, another fellow would make his base for him.

In spite of the fact that some things were badly managed and that some sloppy work was done, the children loved the camp and were benefited by their summer outing. All sorts of things that might have happened didn't, and it was a happy crowd that returned to Chicago.

Of the 60 children, 5 lost a total of 10 pounds, several neither gained nor lost, and the others gained a total of 115 pounds during the 7½ weeks. The largest gain was 8½ pounds.

The children were interesting. They did strange things and made some startling statements. Bennie, aged 5 years, who was chewing gum, said "One of the big kids chewed it first and then loaned it to me for good." He was told about the germs on it and was persuaded to throw it away. When given a fresh stick, he asked "Are there any worms on this one?" When told that oatmeal would make him fat he said, "I don't wanna eat it. My mudder don't like fat boys." He lived in Chicago "on that street where three autos passed, and a lady in one carried an umbrella."

Tommy and "Evca" a Polish brother and sister, would pack their belongings and start for home when things went wrong in camp. The bedding and clothing were wrapped in the blanket, a vain attempt made to take the mattress, and off Tommy would start through the orchard, his bundle under his arm, and Evca following with the pillows. "Evca" had no scruples about "snitching." If she saw a child spit or bite, she would run for the adhesive, point out the guilty one, and clearly demonstrate what had happened. She was only three years old and couldn't speak English, but there was no mistake as to her meaning. The adhesive had been used on her own mouth. After these children went home their mother's remarks were that "Tommy talked so much English she couldn't understand him" and "Evca" was so cranky, she wanted cocoa for breakfast, and a nightgown when she went to bed.

Jeannette Geister (Sherman Hospital, Elgin) has resigned her position as Infant Welfare Nurse for the Jewish Aid Dispensary in Chicago and is taking the year's work at the School of Civics and Philanthropy.

Alice L. Buckland (Michael Reese Hospital) is the first visiting nurse for crippled children in South Chicago. The need of her full time service grew out of the efforts of a busy orthopaedic surgeon and an enthusiastic Sunday School class to reach the little cripples of South Chicago, a big mill district, ten miles from Chicago's hospital and dispensary centers. The work was begun by holding two Sunday afternoon clinics monthly in the office of one of the South Chicago physicians

where casts were put on, braces adjusted, patients examined and parents instructed. The work is growing so rapidly that the young workers are planning for a summer camp that will eventually become a convalescent home for the cripples of this section and Miss Buckland is working with this aim before her.

Ida Crane (Wesley Hospital) has resigned from the Visiting Nurse Association of Chicago and has gone to Lake Forest, as village visiting nurse.

Helen Lazier (Amsterdam General Hospital) has gone to Two Rivers, Wis., as visiting nurse.

Lydia Spoenemann (Bethesda Hospital, Cincinnati, and deaconess in the German Methodist Church) has recently spent three months on the staff of the Visiting Nurse Association of Chicago and has gone to Cincinnati to organize a social service department for Bethesda.

MICHIGAN. Martine Cutter (Somerville Hospital, Mass.) has been appointed visiting nurse, and Stella Parsons (Hackley Hospital) has been appointed school nurse for the city of Muskegon. The salary of the visiting nurse is paid by the trustees of the Hackley Hospital and the nurse lives at the nurses' home. Muskegon is a busy manufacturing town, beautifully situated on Lake Michigan, and being "slumless" it offers a good opportunity for visiting nurses to demonstrate that every city can be kept so. A visiting nurse spells prevention; she doesn't always mean that the city has its dark spots.

Three members of the staff of the Detroit Visiting Nurse Association, Henrietta Potts (Grace Hospital); Louise Ketschers (State Hospital, Traverse City) and Alice Walker (Farrand Training School of Harper Hospital) are taking the winter course at the School of Civics and Philanthropy in Chicago.

WISCONSIN. Gertrude Fraser (Battle Creek Sanitarium) has gone to Manitowoc as the municipal visiting nurse.

OHIO. Matilda L. Johnson, Superintendent of the Cleveland Visiting Nurse Association is taking a year's work at the School of Civics and Philanthropy in Chicago, on a leave of absence. Blanche Swainhardt (Boston Children's Hospital) registrar of the Cleveland Visiting Nurse Association, is acting superintendent. Margaret Kamerer, formerly a Cleveland visiting tuberculosis nurse, and for the past year state traveling tuberculosis nurse, has been appointed supervising nurse of the tuberculosis division of the Ohio State Board of Health. This department was recently created by an act of the state legislation. Miss Kamerer was the first tuberculosis nurse to tour a state at the expense of local Red Cross Seal funds and spent a month each in the twelve towns that sold the largest number of seals in a state contest.

Lakeside Hospital, Cleveland, offers annually two scholarships to its graduates, one the Isabel Hampton Robb Scholarship for work in Teachers' College, the other the Edward F. Cushing Scholarship for the special course offered by the Cleveland Visiting Nurse Association. A second scholarship in this last course is granted by the anti-tuberculosis league for a tuberculosis nurse. Six nurses are taking the course this year.

Catherine McNamara (St. Joseph's Hospital, Chicago) has been appointed state visiting tuberculosis nurse in Ohio. Miss McNamara is the second traveling tuberculosis nurse who has been put on duty as a result of the sale of Red Cross seals throughout the state.

Ruth Allen (Children's Hospital, Boston, Mass.) has accepted a position in the Social Service Department of the Lakeside Hospital, Cleveland, in direct connection with the orthopaedic ward and Rainbow Cottage Home for crippled children.

Mary Carey (George Washington University Hospital, Washington, and Teachers' College), is at present in Cleveland doing statistical work in the Tuberculosis Bureau of the Board of Health.

Lota V. Lorimer (Lakeside Hospital, Cleveland), for sometime connected with the Visiting Nurse Association in that city, is now state representative for the Blind Commission, devoting her time to midwifery investigations.

Mary Willingale (St. Luke's Hospital, New York), who has been with the Cleveland Visiting Nurse Association for the past two and a half years, has recently resigned and sailed for Paris on October 4.

KENTUCKY. Chloe Jackson (Mercy Hospital, Chicago) has resigned her position as executive secretary of the Fayette County Tuberculosis Association and has been appointed chief nurse of the State Tuberculosis Commission. This is a splendid opportunity for state work, for Miss Jackson will organize public health nursing in every county, first by getting the people interested and organized and then by helping them find the right nurse. Ohio and Kentucky are undertaking a fine piece of work. It is to be hoped that other state commissioners and departments of health will follow suit.



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**THE RÖNTGEN TREATMENT OF ECZEMA.** Eczema, which, as a celebrated German authority has said "stands first in frequency amongst skin diseases for which advice is sought," has been successfully treated by means of the X-ray. Dr. Mulford R. Fisher reports, in the *Medical Record*, the results in sixty-two cases. One, a nurse, had acute fissured eczema with marked inflammatory reaction of the surrounding skin. This was much relieved by only one application and practically disappeared after four exposures. The condition may recur but yields readily to treatment.

**BLOOD PRESSURE AND ALTITUDE.** In answer to a question, the Journal of the American Medical Association says the normal blood-pressure may be stated as an average of 127 for males of all ages and 120 for females. The blood pressure tends to rise with age, so that a pressure considerably above the average, at the age of 60, might not be abnormal. The blood pressure is diminished with altitude, the difference at 6000 feet being about 5mm. Long residence at high altitude tends to make it return to nearly the normal figures.

**ANESTHETIC FOR DELIVERY.** The same journal in the synopsis of a paper in a German contemporary says that up to the present no means is known of rendering delivery painless which is not to some extent dangerous. Scopolomin is so unsafe on account of its effect on the respiratory centre of the fetus that it has been abandoned by some practitioners.

**WARD COOLING SYSTEM.** *The American Journal of Surgery* reports the success of a small ward cooling system established at the Mount Sinai Hospital, New York, the past summer. A ward holding four cribs, occupied by children suffering from gastro-enteritis, was supplied with 250 cubic feet of fresh cooled air per minute. Out-door air was forced by an electric fan through a water chamber, the water in which was cooled by brine coils, and then through a short duct into the ward, where the cooled air entered near the floor level. A transom, regulated by the nurse, allowed the warmer strata of air to escape near the top of the room, ensuring proper circulation. The room was cooled to 70° on a very humid day when the outside temperature was 93°. The cost of operating was estimated at \$1 per day per patient. The per capita cost would be less for a larger ward.

OPIATES IN CHILDHOOD. *The Medical Record* notes that nursing rabbits are twice as sensitive with respect to opium and morphine as adult animals, for each kilogram of body weight. The susceptibility to codeine is the same at all ages.

THE VENEREAL PERIL. *The Journal of the American Medical Association* commenting upon the proceedings of the Seventeenth International Medical Congress recently held in London, with an attendance of 8000 members, says that the Congress passed a resolution urging the governments of all the nations represented at the Congress to institute confidential notification of syphilis to a sanitary authority and to make systematic provision for the diagnosis and treatment of all cases not otherwise provided for. The British government has acquiesced in the proposition.

VIVISECTION. The following resolution was passed by the Congress: Experiments on living animals have proved of the utmost service to mankind in the past and are indispensable to its future progress, and accordingly, while deprecating the infliction of unnecessary pain, it is of opinion, alike in the interests of man and of animals, that every facility should be given to competent persons for the performance of such experiments under competent supervision.

In a brilliant address in surgery an emphatic protest was made against restrictive legislation which would seriously impede, if it did not entirely arrest, the progress of medical knowledge.

THE BOWELS IN OPERATIONS. *The American Journal of Surgery* protests against too thorough purging in preparation for a laparotomy, as it contributes to post-operative distress. A simple laxative or an enema is sufficient for most cases, even these can often be dispensed with. Urgent cases, operated upon without preparation usually do as well, as far as the bowels are concerned, as those previously purged. The best routine management of the bowels after operation is to let them alone. An enema on the third or fourth day is usually all that is needed.

ORAL SEPSIS. In a paper published in the *Medical Record* Dr. Francis P. Kinnicutt expresses his belief that many slight, ill-defined disturbances of health as well as grave systemic conditions may be traced to oral sepsis. Dental caries concealed by capping, bridging and other modern devices of dentistry, may set up serious infection in the body, accompanied by fever and other severe symptoms. Gingivitis, or inflammation of the gums, pyorrhoea alveolaris and even an alveolar abscess may be present without the patient being aware of the condition of the mouth, or the physician recognizing its bearing on the symptoms he is called upon to treat.

**POSITION IN PERITONITIS.** *The American Journal of Surgery* says that in the treatment of peritonitis Fowler's position should not be reserved for post-operative cases, but be used as soon as the diagnosis is made. Merely raising the head of the bed is not as satisfactory as propping the patient up in bed.

**THE MENSTRUAL TEMPERATURE CURVE** *The Journal of the American Medical Association*, quoting from a German contemporary, says, before puberty and after the menopause the temperature runs on a constant level, as in men, with very slight fluctuations. Menstruation brings a temperature wave rising high just before the menses and falling below normal afterwards, beginning to rise again about two weeks before the date of the following menstruation. This is important in estimating conditions in disease.

**ALCOHOL IN INFECTIOUS DISEASES.** A writer in a Berlin medical journal describes alcohol as absolutely useless in acute or chronic infectious diseases to reduce temperature, destroy bacteria, or as a hypnotic. It reduces the resisting power of the blood. A single dose as food is futile and its continued use harmful. In chronic tuberculosis egg nog and alcoholic drinks breed gastric catarrh and reduce the patient's power of digestion and assimilation. In severe collapse the stimulating effect of alcohol may prove useful, but other drugs as camphor, strychnine, caffeine, etc., answer as well. Pneumonia is more prevalent and more fatal among hard drinkers than among abstainers.

**PROPHYLAXIS OF SCARLET FEVER AND MEASLES.** A writer in the same journal thinks that these infectious diseases are spread by inhalation. He made children who had been exposed to them wear a bag around the neck that had been soaked in eucalyptus oil, thus constantly inhaling the fumes, while they were also disseminated in the air of the room. The children also inhaled daily a 30 or 50 per cent solution of lime, aqua calis, to sterilize the throat. These measures were kept up for six weeks.

**PROTECTION OF THE HANDS.** A German surgeon advocates smearing the hands with petrolatum after they have been scrubbed, rinsed in alcohol and dried. The microbes are caught in the petrolatum and washed off in the warm water when the hands are washed. The petrolatum can be medicated with boric acid. Gloves are liable to tear, while this method offers complete protection to the hands.

## LETTERS TO THE EDITOR

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(The editor is not responsible for opinions expressed in this department.)

### JOURNALS ON HAND

DEAR EDITOR: I have bound volumes of the JOURNAL for 1906, 1907 and 1908, all in good condition, and I should like to sell them.

M. E. WEAVERLING.

3639 Wilton Avenue, Chicago.

### "INFANTS' NORMAL STOOLS"

DEAR EDITOR: I want the readers of the JOURNAL to know that the material for the article "Infants' Normal Stools as Affected by Diet" was obtained from experience during a post-graduate course on the Boston Floating Hospital, and not from my own training school, as might be inferred by the casual reader.

Massachusetts.

FRANCES A. MYLES, R.N.

### NURSES ON PARADE

DEAR EDITOR: Throughout the week beginning September 15, Cleveland observed the Perry Centennial. Although thousands of people visited the Niagara and although the hero of Lake Erie was much in men's minds, the dominant note of the celebration was not commemoration of the victory over Great Britain, but joy over one hundred years of peace with that great nation and of earnest congratulation that, without armed forces or fortifications, we had lived on such pleasant and amicable terms with our neighbor just over the border.

It was very fitting that in celebrating one hundred years of peace and prosperity, the sixth city should have paraded all its various phases of civic growth and government. To many of us, the parade would have been strangely lacking had there been no representation of the Visiting Nurse Association. Its participation in every movement for the public good of Cleveland is well known. It has long been considered a model for others struggling to put young organizations on a sound basis. All along the line of march, the seven machines filled with nurses were greeted with cordial recognition and welcome. Read what Miss Swainhardt writes: "Public Health Nurses were recognized, it seemed, by all nationalities, from all stations of life, throughout the entire march. The men from the factories beamed, the school children, the expectant mothers, and in the more aristocratic portion they were applauded vigorously by their board members. It was surely a democratic thing to do and a reassuring thing. I believe that, as never before, the people for whom we care in home, factory or school, realized that we were really a part of their lives and existed to serve them."

The banners with their slogans made one very thoughtful. They stood for much earnest effort and hard work in the years that have gone. They reminded one of the wonderful opportunities which have come to nurses to render helpful service. To the nurse with ideals, the plain black letters on white ground stood

out more resplendent than the gold and green and red of the ancient missal. Read the simple words and thrill with a realization of all the work back of them and the responsibility and opportunity which lies in the future.

## 100

PUBLIC HEALTH NURSES  
IN CLEVELAND.SAVE THE BABIES  
FOR FUTURE CITIZENS  
42,000 cared for this year.

Babies' Dispensary and Hospital in coöperation  
with the Bureau of Child Hygiene.

The Health Department of Cleveland  
Employs 21 Nurses to fight Tuberculosis.  
No case of Tuberculosis uncared for in Cleveland.

THE HEALTH DEPARTMENT  
Employs Nurses in the Control of  
CONTAGIOUS DISEASE.

"PREVENTION IS BETTER THAN CURE."

THE BOARD OF EDUCATION  
21 School Nurses  
School Health—Efficient Work.FACTORY WELFARE  
HEALTH IN THE FACTORY  
More Sanitary Working Conditions.THE VISITING NURSE ASSOCIATION  
Supported by Voluntary Contributions.

## HEALTH IN THE HOME

It was an opportune time to bring to public notice the activities of the nurses, for it came on the eve of the departure of Matilda L. Johnson for a year's leave of absence and study at the Chicago School of Civics. Cleveland has been very fortunate in its superintendent of the Visiting Nurse Association. Her faithful service, hard work, unbounded enthusiasm, and hopefulness have carried that organization a long way. As Cleveland nurses owe Miss Johnson a great debt, so do the nurses of the Ohio State Association. They do not know how to spare her, she goes with their best wishes for a happy, profitable year, and a cordial welcome awaits her when she returns to Ohio.

*Ohio.*

MARY E. GLADWIN.

## AS OTHERS SEE US

DEAR EDITOR: I have just seen your August issue, my introduction to the periodicals of your profession. It contains many things interesting to a layman, the Ohio floods, "Birchbark Bill," some typhoid notes, etc. The note on psychic influence on infants' nutrition applies to adults as well as to infants. I have all my life been sensitive to such influences, and now, after a year's experience here



as a patient, my sensitiveness is not diminished. I had supposed the importance of this fact was more widely known than your note seems to indicate. It was on this account that the head waiter of a hotel told his waiters, "Put on your white dresses and look your prettiest, the butter's bad."

The letters to the editor from G. S. E. and Z. Y. X. reveal conditions due to the ignorance of the public and on which enlightenment can best come from nurses themselves through their various organizations. It would be easy to arrange for lectures before women's clubs, men's church clubs, parents' associations, village improvement societies, etc., which should set forth various aspects of the nursing profession. Some of these lectures should deal with the general subject of nursing, some with the special difficulties and needs of the profession, and once in a while a lecture on the humorous aspects of the nurse's life would make it possible to drive home some important truths.

The letter of Z. Y. X. about hospital conditions indicates to a business man that the responsible head of the institution, matron or superintendent, possibly trustees, is a person of inferior capacity, hired because he will accept small pay. An executive of large capacity would foresee the occurrence of such conditions and provide against them. A room too small for the nurse to do her work properly is too small to be occupied by a patient. It must be a very stupid, low-priced executive who would not see that an over-worked nurse would retard the recovery of her patient, and that this would react on the reputation of the hospital.

The demand that special nurses should work for less in a hospital than in private practice is to me another example of the workings of the low-priced mind. If the hardships of hospital work are greater than in private practice, why should not the hospital pay more? If we treat nurses like mill help we must expect the same mechanical quality of work from them.

In your advertising columns is an advertisement for a nurse for general duty at \$40, and in the adjoining column, one for a nurse to "take charge" for the same price. Is executive capacity worth nothing to the latter institution? Do the authorities really suppose they can get any one of ability or reliability at that price? Business men pay thousands of dollars a year to a man of executive capacity. Do hospital authorities think they can get it for nothing?

*Rulland Sanitarium.*

BAYARD E. HARRISON.

#### LETTERS FROM NAVY NURSES

##### I

DEAR EDITOR: One of the first lessons learned by the nurses who enter the Naval Nursing Service is dispatch in obeying immediate orders. The usual time allowed to prepare and depart is four days, but it is frequently necessary to insert the word "immediate." This was required when the nurses were sent to Guam.<sup>1</sup>

<sup>1</sup>Guam is the largest island of the Ladrone or Mariana group in the Pacific Ocean, situated about 5000 miles from San Francisco and 1800 from the Philippine Islands. The island has an area of 200 square miles and a population of 9000. The islands were discovered by Magellan in 1521 and were then inhabited chiefly by Malaysian stock. In 1668 they were first "settled" by Spaniards, including Filipino and Mexicans, and with this influx the former "strong bodied, large limb'd well shap'd people" (described in 1668) changed and deteriorated physically. They are called Chamorros and their language is polyglot, Spanish roots predominating.



U. S. NAVAL HOSPITAL, AGANA, GUAM

The Chief Nurse was on leave, the two nurses who were to report with her were at distant stations, but these difficulties were trifles, and responding to "immediate orders," the same transport conveyed the little group to their new field of nursing.

Guam and its requirements were unknown quantities and as the days slipped by and the station was neared the hopes and anticipations became somewhat less bright and fears and apprehensions grew. The Navy does not coddle the nurses, however; they are rightly expected to work out their own salvation in regard to quarters, servants, subsistence, etc. In this new station, therefore, the condition demanded instant attention and in the adjusting and re-adjusting there was little time to dwell upon the strangeness of one's surroundings. When quarters were established, executive and nursing duties arranged, and hours planned, the station and surroundings had become familiar and the feeling of strangeness had vanished.

The hospital in Guam consists of three buildings, two connected by a porch and these two comprise the nurses' section. The buildings are large pavilions, two stories, surrounded by porches; the upper floor and porches for the patients, wards 90 x 25 ft., the lower floor being used for administrative offices and the dispensary.

We soon found that much of our work was to be among children in the treatment of the diseases peculiar to the islands. To systematize this work the island is divided into districts and the usual period of treatment given to a district is one week. The ward assigned for this work is the upper floor of one building. One of our nurses is in charge and is assisted by a native nurse and helped or hindered (according to her ability to manage), by several of the mothers who are allowed to remain. The ward has accommodation for thirty children, but frequently twice that number are admitted, and some management is required to arrange for this number and the accompanying mothers. The native nurses, six in number, are very gentle and willing, but absolutely indifferent to many things which seem extremely essential to us. However, we are not attempting any drastic changes, but have adopted a compromising policy which is proving beneficial to both sides. As a rule the native women accept and use our suggestions and improvements while we are learning how much good can be accomplished without the necessary equipment. "Diet time," however, with two diets served on one plate, placed on a bench, on opposite sides of which a child kneels and devours the food, and entire absence of tables and chairs, presents a somewhat distressing sight to us and we are all keen for some change, which will be suggested when we have "felt our way," a little longer.

The second building is given over to babies and children admitted with other diseases than those previously mentioned, and to the adult patients. The surgical work has not been entirely satisfactory to the medical officers, because of the inability of the native women to grasp the importance of asepsis. We have several cases of septicaemia, but they are responding most encouragingly to special nursing and the outlook in this branch of work is very hopeful from our point of view.

The cleaning is done by women of the village who work from 7 a.m. to 5 p.m., in the leisurely fashion peculiar to all tropical countries. We have learned not to expect too much from them and they are learning a different standard of cleanliness.

We are most comfortably quartered in an old mission house which we are making homelike, and we are accepting the fact that our subsistence may be as varied and the meals as good or bad, as is the temper of the various cooks that come and go. In the interim between work and play (which I will describe more particularly in my next letter), we are learning some necessary Chamorro words,

and are endeavoring to teach the native nurses and children some necessary English.

We inscribed our names in the visitor's book at the Palace, which is the act necessary to identify us with the American Colony. We had been courteously and kindly received as such, and this reception, together with our interesting work, absorbing the greater portion of our time, inspire the hope that we shall have a happy and satisfactory period of duty in the Island of Guam.

E. L.

#### TOO LATE FOR CLASSIFICATION

##### MISSOURI

The Missouri State Board for the Examination and Registration of Nurses will hold its annual meeting at Columbia, December 10 and 11, 1913. Fanny E. S. Smith, Secretary, 708 Providence Road, Columbia.

## NURSING NEWS AND ANNOUNCEMENTS

### NATIONAL

#### THE AMERICAN NURSES' ASSOCIATION

At the October meeting of the Executive Board, held in Chicago, it was recommended that the annual meeting be held either the third or fourth week in May, provided this meets with the approval of the other two organizations. Miss Stimson, chairman of the Arrangements Committee, reported that June would be quite out of the question on account of the usual heat, and during the first week of May, St. Louis will be too busy getting ready for a big pageant that is scheduled for the second week in May.

It was further recommended that all three organizations come for the entire week and that it be arranged to have the sessions of the different organizations alternate, with one or two joint meetings; that the program committee hold joint meetings and work this out.

MATHILD H. KRUEGER,  
*Secretary.*

#### *Report of the Nurses' Relief Fund, October 1, 1913*

Previously acknowledged.....	\$350.01
Brooklyn Hospital Training School Alumnae Association.....	25.00
Indianapolis City Hospital Alumnae Association.....	10.00
Interest on bond.....	20.00
Calendar money—L. A. Giberson, Chairman.....	7.50
Lafayette Graduate Nurses Association, Indiana.....	10.00
St. Luke's Hospital Alumnae Association, Chicago, Illinois.....	25.00
Balance Oct. 1, 1913.....	\$447.51
8 Bonds, value.....	\$8000.00

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, R.N., treasurer, 419 West 144th Street, New York, N. Y., and checks made payable to the Farmers Loan and Trust Company, New York. For information address L. A. Giberson, R.N., chairman, American Oncologic Hospital, Philadelphia, Pa.

The following have charge of the sale of calendars in the various states:

Connecticut—Mrs. W. A. Hart, Stratford.

Pennsylvania—Margaret W. Ayres, Philadelphia Club for Graduate Nurses, 1520 Arch Street, Philadelphia.

Mississippi—Leola Steele, 306 South Union Street, Natchez.

Kentucky—Miss J. O'Connor, Nurses Central Directory, 922 South 6th Street, Louisville.

Georgia—Lucy Minnigerode, Savannah Hospital, Savannah.

District of Columbia—Registrar of the Registered Nurses Club, 1337 K Street N. W., Washington.

Delaware—Anna M. Hook, 822 West Ninth Street, Wilmington.

Nebraska—Annie Ambridge, Bishop Clarkson Memorial Hospital, 2100 Howard Street, Omaha.



Rhode Island—Elizabeth F. Sherman, Central Directory for Nurses, 24 George Street, Providence.

Idaho—Mildred Clark, St. Luke's Hospital, Boise.

New Jersey—Mary E. Rockhill, 754 Wright Avenue, Camden.

Ohio—Miss R. Kidwell, Jeffrey Manufacturing Company, Columbus.

Maine—Harriet M. Hohenfeld, Maine General Hospital, Portland.

New York—Pauline L. Dolliver, Central Registry of the New York County Registered Nurses' Association, 54 East 34th Street, New York.

Wisconsin—Mina Newhouse, 515 Marshall Street, Milwaukee.

Texas—A. Louise Dietrich, St. Mark's Hospital, El Paso.

Massachusetts—Miss Turner, Central Directory, 636 Beacon Street, Boston.

Florida—Anna Davids, Florida East Coast Railway Hospital, Miami.

Minnesota—Augusta E. Mettel, 1502 Third Avenue South, Minneapolis.

New Hampshire—Ida A. Nutter, Franklin Hospital, Franklin.

Illinois—Minnie H. Ahrens, 104 S. Michigan Avenue, Chicago.

Louisiana—Mrs. Lydia Breaux, 912 Constantinople Street, New Orleans.

#### ST. BARNABAS GUILD FOR NURSES

The Guild of St. Barnabas for Nurses held its 27th annual council at the Church of the Heavenly Rest, New York City, October 6 to 7, 1913. The opening service began at 8 p.m., consisting of the Guild service and music by the boy choir. An address was given on the "Dignity of Womanhood" by the Rt. Rev. F. S. Spaulding, D.D., Bishop of Utah. It had been hoped that the Rt. Rev. E. W. Osborne, D. D., founder of the Guild in this country would have been present and spoken, but he was unavoidably absent. A reception in the adjoining Parish House followed, and was much enjoyed as the means of meeting old friends, finding new faces, and hearing much in an informal way of what is being done in the Guild. At 8 a.m., on Tuesday, there was an early celebration at the same church, well attended, followed by a well-served breakfast. The Parish House proving too small, the business meeting opened at 10 a.m. in the church, the Chaplain-General, Bishop Philip Rhinelander, presiding. The General Secretary, Mrs. William Read Howe, of Orange, made her report, which will be printed in full, giving reports from all the branches.

The treasurer's report being printed, the reading was omitted. The Chaplain-General expressed his regret that he had not been able to take a more active part in the past, and that he was unable to accept renomination; especially as he found so much to admire in the organization. Reports of committees brought out the expression of opinion that it was not thought advisable to make any change in the medal either for pupil nurses, or "associates." Amendments to the by-laws confirmed those made at the last council, which added a Vice-Chaplain to the general officers, an Executive Board, formed by the general officers, three active and two associate members, and other technical changes that were in this way made necessary. The nominating committee, while offering for reelection the names of the vice-chaplain, the general secretary and the treasurer, was obliged to admit their failure to secure a consenting candidate for Chaplain-General within the time at its disposal. In view of this fact, and with the promise willingly given that every assistance possible would be accorded by the other officers, Bishop Rhinelander consented to hold office for the ensuing year. This was a matter of deep satisfaction to the Guild, in spite of its sincere regret that it must be for one year only. The full salary for the nurse in Alaska, Agnes

Bolster, was voted from "The United Benevolent Fund" and \$200 was voted to be sent to Mrs. Hunter of S. Agnes Hospital, Raleigh, N. C., for the endowment, in perpetuity (the remaining \$50, having been given from a private source) of one day in the year for the maintenance of the work. St. Barnabas Day was chosen, to be coupled with the name Bishop Courtland Whitehead, as a token of the Guild's love and esteem, he having served as Chaplain-General for twenty-five years. It was a source of great pleasure, universally felt, that Bishop Whitehead was present, and addressed a few words to his old friends. The continuation of the *News Letter* was ordered to be printed three times a year, and placed in the hands of the newly-elected editor, Rev. Dwight Graham of Orange. Each branch was exhorted to send material to make up a good issue each time. Much profitable discussion ensued as to the different workings of the Branches, how to make the Guild more real, spiritual, and helpful, in every way to all who can be reached. Adjournment for lunch was taken at 1.15 p.m. At 2 p.m., various unfinished business and resolutions brought the meeting to a close. At the striking of the noon hour, Rev. C. T. Walkley of Grace Church, Orange, moved that the prayer for missions be used, which was carried out by Bishop Whitehead. The election of officers was as follows: Chaplain-general, Bishop Philip Rhinelander, D.D.; vice-chaplain general, Rev. Dean Davies, St. Louis; general secretary, Mrs. Wm. Read Howe, Orange; general treasurer, Mrs. Arthur Van Harlingen, Philadelphia; editor of *News Letter*, Rev. Dwight Graham, Orange. Executive committee: the officers and three active members, Miss Golding, New York; Miss Hollister, Orange; Miss Row, Philadelphia; two associate members, Mrs. Leaf, Philadelphia; Mrs. Potter, New York. Before dispersing, the members were asked to meet for tea and a social hour at the Central Registry for Nurses, 54 East 34th Street. Next year's council will be held in Portland, Me. Fifteen branches were represented by 38 delegates, but many more were present as visitors.

#### MAINE

THE MAINE STATE NURSES' ASSOCIATION held its second meeting at the Women's Christian Association of Lewiston, September 18, 1913. Great interest is shown among the nurses, as was evidenced by the good attendance. The by-laws were adopted. The names of thirty new members were proposed. Much credit is due the Lewiston nurses for the hospitality which was extended to the members of the Association. The next meeting will be held at Augusta in December.

Portland. THE CHILDREN'S HOSPITAL held its third graduation in the hospital gymnasium on the evening of September 19. The address of welcome was given by Seth C. Gordon, M.D. Col. Frederick Hale gave the address to the class and presented the diplomas. A reception followed the exercises. There were seven graduates.

#### CONNECTICUT

New Haven. THE CONNECTICUT TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting in the dormitory on October 2. Miss Bigelow, second vice-president, presided, as Miss Barron was convalescing from a serious operation, in the New Haven Hospital. She was reported at the time of the meeting as doing well. Routine business was transacted, and members were urged to join the state association.

**Hartford.** THE HARTFORD HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION held its annual meeting on October 9, at Center Church House, Mrs. Hills presiding. The reports of secretary and treasurer were read and accepted, the latter showing a good sum in the treasury. The following officers were elected for the coming year: president, Mrs. Evelyn Daniels Hills; vice-presidents, Mary McGarry, Janet A. Campbell; treasurer, Winifred B. Hardiman; recording secretary, Mrs. Louise F. Warfield; corresponding secretary, Helen M. Jones. Chairman of committees: Entertainment, Alice Smith; Refreshment, Minnie E. Hollis. The next meeting will be held in November. A social half hour followed.

#### NEW YORK

**New York.** THE COURSE OF LECTURES AND CONFERENCES under the Isabel Hampton Robb Foundation for the present year will be on The Application of Preventive Medicine in Nursing, and will be given weekly from October 1 to January 1 by Dr. Haven Emerson, of Bellevue and Allied Hospitals, and the College of Physicians and Surgeons, at Teachers College. The course is open only to students of the department of Nursing and Health, to the supervising nurses of the Department of Health, and to others specially invited.

THE NEW YORK SCHOOL OF PHILANTHROPY has opened two of its regular courses to auditors of whom no entrance examination is required and who will not be considered candidates for certificates. One course, on types of Social Agencies, is under the supervision of the director and is arranged for those wishing a general idea of social work and to afford an opportunity to become acquainted with the working of representative societies and institutions. The second course is upon disease and hygiene, under the direction of Dr. James Alexander Miller, and is arranged to meet the needs of persons engaged in social work who have not had courses in medicine or nursing.

THE NEW YORK COUNTY REGISTERED NURSES' ASSOCIATION held its quarterly meeting on the evening of October 7 at the Academy of Medicine. Irene Yocum was elected vice-president, in place of Amy Patmore, who resigned; and Miss Hayman as recording secretary, in place of Nora Charles, who resigned. A nominating committee was chosen and the appointment of delegates to the state meeting was confirmed. Some time was devoted to a discussion of the bill which will probably be introduced this year. It is hoped that all members of the association will work vigorously to support their legislative committee during the coming campaign.

NORA CHARLES has been made assistant superintendent at the Michael Reese Hospital, Chicago.

THE CENTRAL CLUB FOR NURSES has taken, in addition to its two houses, ten rooms in an adjoining house. These are all leased, and still there is a waiting list. A whirlwind campaign for the purpose of raising a large fund, the amount for the nurses' club house, among others, is to be conducted from November 10 to 26.

THE GUILD OF ST. CATHERINE FOR NURSES will hold its meetings on the second Monday of each month at Cathedral College, 462 Madison Avenue, at 8 p.m. A course in logic and ethics will be inaugurated at the November meeting and continued through the season.

THE CITY HOSPITAL held graduating exercises on the afternoon of October 24 in the Nurses' Home.

THE METROPOLITAN TRAINING SCHOOL has inaugurated a very pleasant and important custom in having a Graduates' Day. A large percentage of the grad-

uates of the school attended the first one, held recently, and were most enthusiastic over the idea. The training school has a complete infirmary for the care of pupil nurses, and now the hospital has placed a room, fully equipped, at the disposal of those of the graduates who may need it.

**Binghamton.** *The Midsummer Meteor*, issued by the State Hospital, gave notice of commencement and contained short articles contributed by members of the class of 1913 and by some of the alumnae, as well as one by the superintendent of nurses, all most interesting.

**Rochester.** **HAHNEMANN HOSPITAL** is having a new administration building put up to take the place of the Judge Selden homestead, which was the nucleus of the present group of buildings. Hilda Johnson, of Punxsutawney Hospital, has been appointed night superintendent.

**THE CENTRAL DIRECTORY FOR NURSES** closed its first year on October 1, with a most encouraging report. Two hundred and nine nurses are registered from the following schools: Homeopathic, 104; Hahnemann, 37; General, 22; St. Mary's 7; State, 4; Dr. Lee's, 5; Park Avenue, 7; outside schools, 21; male nurse, 1; masseuse, 1. The number of calls filled during the year was 1314, 136 of these being from out of town. One hundred and fifty-six different doctors are being served by the directory. Two nurses have been dropped from the roll. The fewest calls filled were during the first month of its existence and the most, during its last month of the year. Gertrude Montfort, a Bellevue graduate, is the registrar, and deserves a large share of credit for the success of the initial year.

**KATHARINE KIMMICK**, class of 1905, Rochester General Hospital, has completed a course at Teachers College and accepted the position of assistant superintendent at the Garfield Hospital, Washington, D. C. Myra B. Ellsworth, class of 1904, has been appointed head nurse in the operating room of the Cottage Hospital, Santa Barbara, Cal. Miss Ellsworth had been in charge of the gynecological ward at Bellevue Hospital. Harriet Gwynne, class of 1905, has been appointed a school nurse at Santa Barbara. Anna E. Cadawan, class of 1907, is doing district nursing in Scranton, Pa. Florence Laird, class of 1909, has been appointed social service and welfare nurse for the Rochester General Hospital. Florence Weis, class of 1909, has been appointed to the staff of school nurses in Rochester, and is at present stationed at the Health Bureau. Grace E. Taillie, class of 1910, has been made an assistant in the office of the hospital.

**Buffalo.** **THE BUFFALO HOMEOPATHIC HOSPITAL TRAINING SCHOOL** has lost its assistant superintendent of nurses, Grace Robbins. Her place is filled by a cousin, Edith Robbins, formerly superintendent of the Worcester Homeopathic Hospital. Each class in the school gave a piece of silver to the retiring Miss Robbins in view of her approaching marriage.

#### NEW JERSEY

**THE NEW JERSEY STATE ASSOCIATION** will hold its semi-annual meeting at Englewood on November 4.

**Orange.** **BESSIE E. AMERMAN**, class of 1912, Orange Training School for Nurses, has been awarded the Isabel Hampton Robb Scholarship for this year at Teachers College, New York. Miss Amerman had for some time been doing, very efficiently, the social service work for the Memorial Hospital. Miss C. May Hollister and Miss Z. Hoffman are also studying at Teachers College.

**Camden.** **THE NURSES' ALUMNAE ASSOCIATION OF COOPER HOSPITAL** held a regular meeting on October 6, in the hospital board room. Miss Rockhill pre-

sided and read a report of the American Nurses' Association which was enjoyed by all. A social hour followed.

## PENNSYLVANIA

THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA will hold its eleventh annual convention in Thompson Hall, College of Physicians, Twenty-second Street above Market, Philadelphia, on November 12, 13 and 14. The opening session will be at two o'clock, Wednesday afternoon.

MRS. BLANKENBURG the wife of the Mayor of Philadelphia will make the address of welcome. Registration of members will begin at 12.45 p.m. and the treasurer will be present at that same hour to receive dues from those desiring to pay them.

It is hoped to have papers and reports on Naval Nursing, Vocational Education, Red Cross and many other subjects of interest to the nurse.

There will be a Red Cross meeting on Wednesday evening which it is hoped will be largely attended. The place of this meeting will be decided upon later.

Rooms may be had at The Rittenhouse, Twenty-second and Chestnut Streets: European Plan, Single—\$1.50 to \$2.50, with bath \$2.00 to \$3; Double—\$2.50 to \$3.50, with bath \$3 to \$4. American Plan, Single—\$4 to \$5, with bath \$4.50 to \$5.50; Double \$7.50 to \$8.50, with bath \$8 to \$9. Philadelphia Club for Graduate Nurses, 1520 Arch Street, Philadelphia, bed per night \$0.75 for two nights, \$0.50 per night after. Meals: breakfast, \$0.25; lunch, \$0.25; dinner \$0.40.

It is greatly to be desired that nurses will show their appreciation of the efforts made to make the meeting successful by turning out in goodly numbers to all of the sessions. All of the meetings are open ones and the public, as well as the nurses, may be assured of a cordial welcome.

**Philadelphia.** THE ALUMNAE ASSOCIATION OF THE TRAINING SCHOOL OF THE UNIVERSITY OF PENNSYLVANIA held the first meeting of the fall on October 6, at the Nurses' Home, with a good attendance. It was decided to contribute \$10 toward defraying the expense of holding the state meeting in Philadelphia. Members were asked to contribute articles for the bazaar to be given by the Philadelphia Club for Graduate Nurses the third week in November. A committee was appointed to select and send some anatomical charts to the training school of the Mission Hospital in Guntoor, India, of which Katharine Fahs is in charge. Miss Fahs would appreciate having a nurse take her place for a year, as her furlough is three years overdue. A committee was appointed to prepare the gifts for the graduating class. Two new members were received and several were dropped, with regret, for non-payment of dues. According to the new by-laws, several members who are ill are exempt from payment of dues and the treasurer was instructed to have sent to them the AMERICAN JOURNAL OF NURSING. Officers for the year are: President, Miss E. K. Levan; vice-presidents, Mrs. Lucie Irwin, Edith Davies; secretary, Marie Rose; treasurer, Lydia A. Giberson. May F. Giser, head nurse of the Medical Dispensary, was appointed to look after the sale of Relief Fund calendars among the University of Pennsylvania nurses.

THE ALUMNAE ASSOCIATION OF THE LYING IN-CHARITY HOSPITAL held its regular meeting at the hospital on October 2, Miss Wright presiding. Seventeen members were present. Two deaths were reported. The Drexel Biddle Bible classes were resumed at the hospital on October 23, and will continue through the winter, every Thursday evening, under the leadership of Miss Mockett. Anyone may attend.



## WEST VIRGINIA

**Wheeling.** THE OHIO COUNTY GRADUATE NURSES' ASSOCIATION met at Dr. Quimby's office on October 9 for its regular meeting. Routine business was transacted and officers nominated for the coming year. The invitation which was extended to the state association to meet in Wheeling in 1914 has been accepted.

## KENTUCKY

**Louisville.** MINNIE HOTHAM, class of 1912, City Hospital, has entered the Navy Nurse Corps. Emma Willett, class of 1913, City Hospital, and Nettie Burch of Schenck Hospital, Seymour, Ind., have taken positions in the W. W. Massie Memorial Hospital, Paris, Ky., a new hospital. Emma Hunt, class of 1913, has taken a position as visiting nurse for rural districts for the Tuberculosis Commission of the state.

HALLY MOSBY, of the Norton Infirmary, is taking post-graduate work at the Woman's Hospital, New York. Ethel Crukmere has taken charge of the Lincoln Memorial Hospital, Knoxville, Tenn. Katherine Hoe will have the operating room. Myrtle Smith, of the Norton Infirmary, and Miss Will S. Brashear of the Deaconess Hospital, have taken charge of the clinic in Hindman, Ky. established by the Government for the treatment of trachoma. Dr. John McMullin, of the Marine Hospital Service, has charge of the work and will open other clinics in the mountains.

## OHIO

**Cleveland.** THE VISITING NURSE CLUB met on September 18 at the Visiting Nurse rooms in honor of Matilda L. Johnson, superintendent of the Association for the past ten years, who has been awarded the Isabel Hampton Robb Memorial Scholarship for 1913-14, and has been granted a year's leave of absence to take the course offered by the Chicago School of Civics and Philanthropy. The rooms were prettily decorated for the occasion. Following the serving of refreshments, Blanche Swainhardt, president of the club, called the meeting to order and Mrs. Engel, vice-president, presented Miss Johnson with a bouquet of American Beauty Roses to the stems of which were tied \$25 in gold. This fund was designated as a recreation and pleasure fund. Miss Johnson, in spite of the fact that she was almost overcome with surprise, made response in words which cannot soon be forgotten. She said her greatest joy in the work had been in seeing the nursing service of Cleveland develop and advance for the good of Cleveland as well as for the nursing profession as a whole. She pointed out how the individual nurse must lose her identity in the work in order to serve more fully in the great campaign for public health. She emphasized the importance of the spirit of unity and coöperation which must exist among the members if they are to accomplish the best results for the community. In closing she wished the nurses abundant success for the coming year and asked that they pause occasionally in their work to think of her. While every nurse present regretted that so strong and sympathetic a leader is to be absent for a time, each one joined heartily in wishing her a pleasant and profitable year in Chicago.

ST. VINCENT'S CHARITY HOSPITAL TRAINING SCHOOL graduated a class of ten nurses at exercises held at the hospital in October. Rev. James MacDonough gave the address to the class. Medals were conferred by Dr. Bunts, and the prizes were awarded by Dr. Humiston.

**Dayton.** THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held its opening meeting on September 16 in the reception rooms of the Memorial



Home. The business meeting was devoted to plans for the year's work. Crete Zorn was elected delegate to the state meeting at Akron. A social half hour followed.

#### MICHIGAN

**Houghton.** THE COPPER COUNTY GRADUATE NURSES' ASSOCIATION holds its meetings on the second Saturday of each month at 2.30 p.m. The following are the officers: president, Mrs. Northway; vice-presidents, Miss Paynter, Miss Abramson; recording secretary, Mrs. McKinnon; corresponding secretary, Mrs. Charles W. Atkin; treasurer, Miss Trevarrow. The programme for the year is as follows: September, Red Cross Work; October, Woman Suffrage; November, address by Dr. Fisher; December, Musicales at Tamarack Hospital; Institutional Work, Shadows and Sunshine of Private Work; February, Address on Federation, Parliamentary Drill; March, Picture Show; April, Eugenics by Dr. Simonson; May, Opportunities for the Graduate Nurse of Today; June, Election.

#### WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held its fourth annual meeting on October 7, in the Atheneum, Milwaukee. Ella McGovern, first vice-president, presided. Mina Newhouse acted as secretary. There were twenty-four members present in person, and twenty-two by proxy. After the reports of the various committees, the meeting proceeded with the election of seven directors, as follows: for three years,—Anna Dastych, La Crosse, Katherine Maher, Fond Du Lac, Regine White, Margaret Pakenham, Agnes Tompkins, Milwaukee. Bertha Schultz, Milwaukee, was elected for two years, and Mrs. Ellen H. Gladmann for one year to fill vacancies caused by the resignations of Helen W. Kelly and Mrs. Maud G. Davis.

Immediately after the general meeting, the Board of Directors held its annual meeting and elected the following officers for the ensuing year: president, Stella S. Matthews; vice-presidents, Regine White, Anna J. Haswell; treasurer, Emma Katz; secretary, Mina Newhouse.

The evening session was well attended. Lutie E. Stearns, State Librarian, gave a talk on "Pillow-Smoothing Literature." She presented each one with a list of books which she had compiled, and in going over the list, made many suggestions of suitable books for various invalids as well as for the well. Her talk was much appreciated and received with applause. Nan Dineen, superintendent of the Infants' Home and Hospital, Milwaukee, read a paper on "The Care and Feeding of Babies." This contained many practical hints on the care of babies, which she had found were of great value in her experience. The members were very fortunate in having these speakers with them, as both are known to excel in their respective professions. Every member felt that she had spent an enjoyable and profitable evening. At the close of the program light refreshments were served. Application blanks for organization members may be had by writing to the Secretary.

**Milwaukee.** THE SOUTH SIDE TRAINING SCHOOL FOR NURSES connected with Hanover Hospital held its eighth commencement exercises on the evening of October 3, in South Side Casino Hall, for a class of eight. Addresses were made by Rev. J. F. Ryan, Dr. H. J. Edwards, and Miss Elizabeth Richmond. The salutatory was given by Rose Flanagan, the valedictory by Marion L. Webb. The class was presented by the superintendent, Miss W. Stiles. Dr. W. F. Malone presented the diplomas, and Dr. J. C. Shroeder the medals. A reception and dancing followed the exercises.

## MINNESOTA

THE MINNESOTA STATE LEAGUE OF NURSING EDUCATION held its annual meeting at the City and County Hospital, St. Paul, on the morning of October 2. Officers for the coming year were elected, the ballot resulting as follows: president, Mrs. Frances Campbell; vice-president, Louise M. Powell; secretary-treasurer, Bertha Matlick. After the minutes of the June meeting were read, a report of the national meeting at Atlantic City was given by Miss Clayton. Letters of resignation were read from Grace Watson, the former secretary-treasurer, and from Mary Meyers, both of whom have left the State. Plans for work during the coming year were discussed. It was decided to appoint a committee to study the records in small training schools and hospitals, in which the majority of the beds are in private rooms, rather than wards. It was also voted that a copy of "Opportunities in the Field of Nursing" be sent to all superintendents of high schools and small colleges in the state. The meetings will be held as usual this winter, every month.

THE MINNESOTA STATE GRADUATE NURSES' ASSOCIATION held its tenth annual meeting on the afternoon and evening of October 2, at the Nurses' Residence of the City and County Hospital. The afternoon meeting was for members only. The meeting was called to order by the president at 2.30, and an Aspiration was repeated by the nurses standing (by courtesy of the California State Nurses' Association). "May we thank God every morning when we get up that we have something to do which must be done whether we like it or not, that being forced to work and to do our best, we may breed within ourselves temperance, self control, diligence, strength of will, content and a hundred other virtues which the idle will never know." The secretary reported forty five new members. The report of the American Nurses' Association by the delegate, Mrs. J. S. White, was very interesting. A report was given by the special committee created to make a general survey of nursing conditions in the state to determine what might be done to increase interest and membership in the state association. It was recommended that one person should visit all organizations through the state, and that talks in high schools should be provided for. Officers were elected as follows: president, Mrs. E. W. Stuhr; vice-presidents, Louise M. Powell, Mrs. Roderick; secretary and treasurer, Augusta K. Mettel; assistant secretary, Mary Wood; corresponding secretary, Caroline Rankeilour; directors, Misses M. Patterson, Wadsworth, Crowl.

At the evening session Dr. George E. Vincent, president of the University of Minnesota, gave a fine address. Helen M. Wadsworth spoke on Registration and What It Has Done for Minnesota. Lucy Herman, social service worker for the City and County Hospital, gave an account of her work. A social hour followed.

**Minneapolis.** THE ANNUAL RECEPTION for the graduating class of the School for Nurses of the University of Minnesota was held September 15, at Shevlin Hall. This year, in addition to the four University nurses who had received their diplomas in June at the Annual Commencement, there were four affiliating nurses who had taken one year at the University Hospital, in addition to the two years in their own schools. This was done in order that they might register in Minnesota. A short and interesting address was made to the nurses by Dr. E. P. Lyon, the new dean of the Medical School. This was Dr. Lyon's first public address at the University. The school pins were presented to the graduates of

the School for Nurses, and certificates to the affiliating nurses by the superintendent, Louise M. Powell. After these short and informal exercises, refreshments were served, and the evening was spent in dancing.

#### ILLINOIS

THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will hold two examinations for registration of nurses, one in Chicago, November 21 and 22, 1913; one at Springfield, December 10 and 11, 1913. At these examinations provisions of the present law will be carried out. Special attention is called to section 8, providing for an examination under a waiver for nurses "who at the time of application shall have graduated and received a diploma from a school of nurses connected with a hospital in good standing requiring a systematic course of at least two years' training." For further information address Anna Louise Tittman, R.N., secretary and treasurer of the Illinois State Board of Nurse Examiners, 127 North Dearborn Street, Chicago.

THE STATE BOARD OF EXAMINERS has organized with the following officers: President, Adelaide Mary Walsh, Chicago; secretary and treasurer, Anna Louise Tittman, Springfield. The third member of the board is Julia S. Chubbuck, Rockford. Two appointments are yet to be made.

**Chicago.** THE ALUMNAE ASSOCIATION OF HAHNEMANN HOSPITAL elected the following officers at its annual meeting: president, Nellie M. Crissy; vice-president, Helen Cavanaugh; recording secretary, Rose Starn; treasurer, Alice Tapping. Hally J. Fisher, class of 1901, has returned from abroad and resumed her duties at Milwaukee-Downer College, Milwaukee. Mrs. Guy Curry, (Lulu Rayner, class of 1904,) is living in Stigler, Oklahoma. Alice L. Ketridge, class of 1905, is connected with the child-saving institute of Omaha. Nellie M. Crissy returned from a three months' trip abroad in time to act as delegate at Atlantic City, thus becoming a permanent member of the American Nurses' Association. Ellen Persons, class of 1893, is working with the Illinois Society for Mental Hygiene.

ST. JOSEPH'S HOSPITAL pupil nurses gave a most charming little Japanese tea to the members of the alumnae association on October 3, in order to help defray the expenses of furnishing the new wing now in process of construction. It was quite informal and all had a good time. A Hallowe'en party was given later for the same purpose.

THE ALUMNAE ASSOCIATION OF THE ILLINOIS TRAINING SCHOOL FOR NURSES held a meeting on September 2 at the Sherman Hotel, Miss Kelly presiding. Miss Ledwidge and Miss Prentice gave their reports of the Atlantic City meetings. Jessie Breeze was chosen corresponding secretary in place of Louise Murphy, who had resigned. The following papers were given by officers of the association: Our International Relations, Helen W. Kelly; Our Duty toward the National Organizations, M. Helena McMillan; Civic Responsibilities and Opportunities, Louise M. Murphy; Future Progress of our Alumnae along Educational Lines, Lyda W. Anderson. Caroline Baker, class of 1896, is holding the position of housekeeper at Cook County Hospital. Helen M. Watson, class of 1911, is surgical nurse in the office of Dr. Snyder of Freeport. Mrs. Mabel Avery has been appointed a policewoman in Boise, Idaho, where she has been living for some time. Genevieve Cooke, president of the American Nurses' Association, was entertained at the Nurses' Home, while attending a director's meeting in Chicago.

CHICAGO HOSPITAL ALUMNAE ASSOCIATION held a regular meeting on October 1, at Trinity Parish House. Maud Gillies of Evansville, Wisconsin, was present. The next meeting will be held on November 3. The meetings will be held at the Parish House, 125 East 26 Street, afternoons and evening alternating. Clara M. Noyes, class of 1909, has gone to Hawaii to remain indefinitely. Emma Jones has resigned as head nurse of Iroquois Emergency Hospital and is doing tuberculosis work. Helen Ryan, class of 1905, and Anna Curply, class of 1908, are on the staff of school nurses. Dues for the present year are to be sent to the treasurer, Mary McClain, 4831 Madison Avenue.

**Springfield.** THE GRADUATE NURSES' ASSOCIATION and the Springfield Hospital Alumnae Association, at a joint meeting held on August 30, at the Y. W. C. A., decided to establish a central directory for nurses. A governing board of five members was elected. Rose Waltke, president of the Nurses' Association, and Amanda Metzger, president of the alumnae, are to serve one year each; Alice Dahlby and Caroline Steinwart, two years; and Laura Turner, three years.

#### INDIANA

**Indianapolis.** THE INDIANA STATE NURSES' ASSOCIATION held its annual meeting in this city October 15, 16, 17. A report will be given later.

THE SUMMER MISSION FOR SICK CHILDREN at Fairview Park closed, on September 15, the heaviest and most successful season it has known. Grace Mary Warrington was superintendent of nursing.

BESSIE CLIMER resigned her position as assistant superintendent of nurses at the Protestant Deaconess Hospital, and is taking the course in hospital management at Grace Hospital, Detroit. Sarah Earnest, who was for several years the nurse for the Christamore Settlement and for the Metropolitan Life Insurance Company, is in Orange, N. J., taking a course in public health nursing. Abbie Hunt Bryce and Laura Stegner went as delegates from the Public Health Nursing Association to the Congress of School Hygiene in Buffalo.

#### MISSOURI

THE MISSOURI STATE NURSES' ASSOCIATION held its eighth annual convention at the Springfield Club, Springfield, October 1, 2 and 3. Delegates and members were present from St. Louis, Kansas City, St. Joseph and Columbia. The convention was called to order at 1.30, Wednesday, by the president, Margaret McKinley. The invocation was given by Dr. Stephen B. Campbell; the address of welcome, by Dr. F. B. Fusan. Harriet E. Leck, superintendent of Kansas City General Hospital, responded in her own pleasant manner. The president's address was received with hearty applause. After the reading of the minutes, Pearl Wilson of Springfield was appointed Sergeant of Arms and Press Committee; Committee on Resolutions, Anna Frein, St. Louis, Ethel Hastings, St. Joseph, Eleanor Keely, Kansas City. A paper on the Private Duty Nurse was read by Mrs. G. H. Blake, Kansas City, followed by an interesting discussion.

At 8 p.m. a delightful reception was given by the Springfield Graduate Nurses' Association and the Green County Medical Society at the Springfield Club.

On Thursday morning, reports of officers were given and accepted. Reports were also given by twenty six nurses of various associations, local, alumnae, central directories, and Red Cross committees. Following these came a most

interesting address by Dr. S. A. Johnson on Need of Nurses in Mental and Nervous Diseases; a paper on Report of Organization of Training Schools in Missouri State Hospitals by Helen Sinclair; and one on Tubercular Nursing by Nancy L. Dorsey, read by Miss Bryant.

Thursday afternoon opened with report of the delegate to the American Nurses' Association, Miss Struckmeyer, and that of the delegate to the State Conference of Charities and Correction, Mrs. Benning. An address followed on The Nurse as a Factor in Public Health Work by Dr. Rienhoff. The election of officers followed: president, Margaret McKinley, St. Louis, unanimously, for a fourth term; vice-presidents, Frances Shouse, Columbia, Pearl Wilson, Springfield; recording secretary, Mary L. Baird, St. Louis; corresponding secretary, Isabelle Welland, 3817 Delmar Avenue, St. Louis; treasurer, Margaret McClure, St. Louis. The chairmen of committees are: Ways and Means, Ida L. Gerding; Credential, Cornelia Seelye; Arrangements, Nancy L. Dorsey; Finance, Bertha Lane; Parliamentarian, Mrs. G. B. Longan. The following delegates were appointed: American Nurses' Association, Harriett Carprae; National Red Cross, Lottie Darling; State Conference of Charities and Corrections, Sallie Bryan; Association for the Prevention of Infant Mortality, Mena Shipley.

At 8 p.m. the Superintendents' Round Table held a conference, conducted by Jean Wells, when the following papers were given: Problems of Training Schools, Eleanor Keely; The Factor of Elimination in Training Schools, Mrs. Fanny E. S. Smith, read by Mrs. Slack. Each of these papers brought forth animated discussion.

Friday morning's proceedings were interestingly opened by a paper on Red Cross Nurses' Work in the Ohio Flooded Districts by Julia C. Stimson. Miss Shouse read a paper on the Preliminary Course for Nurses at the State University. This was received with much interest as it is the first year the course has been included in the curriculum of the University. At the close of the morning session came an automobile ride, arranged by the Young Men's Business Club.

Friday afternoon's programme included the following papers: "Visiting Nursing," Mrs. Keller; "School Hygiene and School Nurses," Dr. W. P. Patterson, "School Nursing," Miss Dierson. The convention closed with a banquet at 8 p.m. at the Springfield Club. The Springfield nurses distinguished themselves as hostesses, and those present felt it was the best convention they had had. The next will be held in St. Joseph.

**Kansas City.** THE KANSAS CITY GRADUATE NURSES' ASSOCIATION called a special meeting for September 24, as the regular date conflicted with that of the state meeting, and the regular meeting was postponed to October 8. At the special meeting no business of special importance was undertaken. About forty were present and had a pleasant social time. At the meeting on October 8, there were reminiscences of the state meeting which ten of the Kansas City nurses had attended.

#### NEBRASKA

THE NEBRASKA STATE BOARD OF EXAMINERS FOR REGISTERED NURSES will meet at the State House, Lincoln, on November 25 and 26 to examine applicants for state registration. Application blanks may be obtained from the secretary Lillian B. Stuff, 1716 Dodge Street, Omaha, and must be returned before November 11.

**Omaha.** THE GRADUATE NURSES' OFFICIAL REGISTRY ASSOCIATION held the annual business meeting and election of officers on October 8. Ellen C. Stewart



was again elected president. The registrar reported 108 members—822 calls had been filled, an increase of 332 over last year. The treasurer's report showed the annual dues, \$10 are being promptly paid.

THE METHODIST HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting in the nurses' reception room at the hospital on September 1, with thirteen present. Three new members were admitted to the Association. Miss Johns, delegate to Atlantic City, gave a very interesting report of the convention. The treasurer reported sending money to furnish a nurses' rest room in the Women's and Children's Hospital, Foochow City, China. The superintendent of nurses at Foochow City is a member of the Alumnae Association.

### KANSAS

THE KANSAS STATE ASSOCIATION OF NURSES held its second annual convention in Hutchinson, October 7 and 8. Forty-six members and a number of visiting nurses from all over the State were present. The Convention was opened by an invocation by Dr. G. W. Abel, pastor of the Methodist Episcopal church. The address of welcome was given by Mr. L. E. Foutrou, mayor of Hutchinson. Mrs. A. R. O'Keefe, of Wichita, president of the Association, responded and in behalf of the nurses thanked Hutchinson for its hospitality. Alma J. Murphy, of Wichita, read an interesting paper on typhoid, which was opened to the convention for discussion, Charlun Zeller, of Kansas City read a paper on "The Romance of Nursing," in which she portrayed to the nurses, a new side of the profession. The guest of honor, Genevieve Cooke, of San Francisco, gave the nurses many interesting and helpful thoughts during the morning session.

Annual reports of officers and committees were read and accepted.

At the afternoon session, the first paper was given by Dr. H. G. Welch of Hutchinson on "The Ideal Nurse," A heated discussion followed this address. Edna Grothe, of Newton, read an interesting paper on "Nursing Ethics." Following this Miss Cooke gave the principal address of the day. Miss Cooke is a woman of national reputation, pleasing manners and wide experience in the nursing profession. The Kansas nurses were indeed fortunate in having her with them. Her many helpful suggestions were very much appreciated by all. The convention was then opened to the public and Dr. Crumbine, secretary of the State Board of Health, gave an interesting and helpful address on "The Social Factor in the Spread of Communicable Diseases."

In the evening a banquet was enjoyed at the Bisoute.

On October 8, the opening paper was by Dr. R. Y. Jones of Hutchinson. Miss W. Pearl Martin read an interesting paper, "By the Waters of the Nile". She spoke of the nursing profession from the standpoint of the Egyptian Hospital. Lydia C. Blakely, of Wichita, read an interesting paper on the "Care of Nervous Cases." Laura A. Neiswanger, of Topeka talked to the nurses on the "Future Visiting Nurse." Lorena Shantz, of Topeka, ably portrayed the "The Institutional Side of Nursing." Mabel Potts, of Wichita, read a witty paper on "Deserters from the Ranks."

A delegate was appointed to the American Nurses' Association convention in St. Louis, 1914. All the old officers were reelected. The convention then adjourned to meet in Wichita next year, and the members were taken for an automobile ride about the city, after which an informal reception was held at the Elks' Club.



## NORTH DAKOTA

**University.** BERTHA ERDMANN, director of the course for nurses in the medical department of the University of North Dakota, has asked for a year's leave of absence on account of impaired health. Alice L. Smith, of Bloomington, Indiana, will act as her substitute.

**Grand Forks.** St. MICHAEL'S HOSPITAL held graduating exercises on September 10 for a class of four, the diplomas being presented and the address delivered by Monsignor J. A. Lemieux. Before the exercises a dinner was given to the graduates and their friends by Mother Leocordia. A beautiful new home is being built for the nurses.

EMILY H. ORR, secretary of the North Dakota State Nurses' Association, and registrar of the central directory, is to spend the winter in the west, having recently undergone a serious operation. All mail sent to her permanent address, 816 Chestnut St. will be promptly forwarded.

THE EXECUTIVE COMMITTEE OF THE STATE ASSOCIATION held a meeting in Fargo on October 7.

## TEXAS

THE BOARD OF NURSE EXAMINERS FOR THE STATE OF TEXAS will hold its next meeting for the examination of applicants for registration, in the Senate Chamber, Capitol, Austin, November 12 and 13, 1913, beginning at 10 a.m.

**El Paso.** MISS L. E. BROYLES, graduate of a hospital in South Bend, Ind., and formerly an army nurse, has accepted a position in St. Mark's Hospital.

**Texarkana.** CLARA WEARY has accepted a position with the Cotton Belt Hospital for the remainder of the year. She expects to go to Mt. Sinai Hospital, New York, in January, for a course in operating-room work, but intends returning to Texas later.

**Amarillo.** FRANCES B. STOREY, formerly of this city, has taken charge of a hospital at Alamo Gordo, N. M.

## WYOMING

THE WYOMING STATE BOARD OF NURSE EXAMINERS announce that examination of applicants for state registration of nurses will be held in Rock Springs, Sheridan and Casper, Wyoming, on November 27 and 28, 1913; and in Cheyenne, Wyoming, on December 3 and 4, 1913. Applications should be filed with the secretary fifteen days previous to examination.

MARTHA A. CONVERSE, R.N., *Secretary*,  
Casper, Wyoming.

## IDAHO

**Boisé.** THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES had a picnic supper at Pierre Park, on the evening of September 16. After the supper a business meeting was held at which a report of the American Nurses' Association was given by Elizabeth Harecourt, the delegate from Idaho.

## STATE BOARD EXAMINATION, SEPTEMBER 10 AND 11, 1913

**Surgical.** 1. In what does the general preparation of patient consist? 2. Previous to entering the operating room what points are to be observed? 3. State in detail how you would prepare a room in private home for a major oper-

ation. 4. Name the most common positions patient is placed in on operating table. 5. State in detail the nursing care of perineorrhaphy. 6. State your method of catheterizing. 7. State in detail the necessary care of perineorrhaphy. 8. What are the symptoms of shock and what would you do until the arrival of the doctor? 9. How do you make a saline, what should the temperature be, and how should it be given?

*Medical.* 1. How would you ventilate a patients room in cold weather? 2. How are bed sores caused, prevented and cured? 3. What is pneumonia, state in detail the nursing care, and the period of greatest danger to the patient? 4. State method of giving a bath for the reduction of temperature. 5. When do the rose spots appear in typhoid fever? 6. Differentiate between the symptoms of internal hemorrhage and shock. 7. What is the average amount of urine secreted by healthy adult in twenty four hours? 8. In what disease is the quantity diminished, what disease increased? 9. How would you give a bladder irrigation?

*Physiology.* 1. What is the skeleton, and give the composition of bone? 2. What is the periosteum, and what is its function? 3. Describe the spinal column, how many vertebrae are there. 4. Into how many sections are the vertebrae divided, name them? 5. What bones form the shoulder joint? 6. Describe the stomach and its functions, name the two important openings of the stomach. 7. What is the length of the small intestine, and into how many parts is it divided, name the parts? 8. Describe the location and functions of the kidneys, the ureters, the bladder, and the urethra. 9. What is the aorta, how is it divided? 10. What is osteology?

*Gynecology and Obstetrical Nursing.* 1. Name the internal female generative organs. 2. What terms are used to designate beginning and end of menstrual epoch? 3. What is the function of the Fallopian tube? 4. How would you prepare a patient for gynecologic examination? 5. Name the positions used in gynecologic treatment and examination and describe each. 6. How should a woman dress during pregnancy? 7. Give general directions for diet in pregnancy. 8. What are the signs of beginning labor; what are the three stages of labor? 9. How would you prepare patient at the beginning of labor? 10. How could you retard progress of labor if doctor was delayed? 11. What is chief danger to mother in first few hours after labor? 12. What would you do for post-partem hemorrhage if doctor had gone before it began? 13. What are the chief causes of post-partem hemorrhage? 14. When would you give a vaginal douche after labor? 15. What are the chief symptoms of puerperal infection? 16. Describe the nurture care of baby during first week.

*Dietetics.* 1. What are the three classes of organic food principles—examples? 2. To which class do animal foods belong—which sugar? 3. Name a perfect food—why so called? 4. What is the value of the indigestible parts of foods in health, Why may these be harmful in sickness? 5. How should the average patient be fed as regards, quantity, quality, and frequency—give reasons for this? 6. What is the average quantity of a nutritive enema? 7. What articles of food are to be especially avoided in nephritis? 8. What is the most easily digestible form of fat? 9. What is the measure of food values? 10. What are relative amounts of proteids, fat, carbohydrates in balanced diet of a man doing moderate work?

*Materia Medica.* 1. Name five ways of introducing medicines into the system. 2. What is an emetic, a cholagogue, a somnifacient, examples of each? 3. What

is quinine made from, what are its principal uses, what is the dose of sulphate? 4. What is Fowler's Solution; what is the dose? 5. What are tinctures, give average dose of tincture of belladonna, tr. nux vomica, tr. opii? 6. What is dose of strychnine sulphate, morphine sulphate, heroin, acetanilid, aconitine, potassium bromide, chloral, infusion digitalis? 7. How estimate dose for child? 8. How prepare normal salt solution; 50 per cent saturated solution of boric acid. 9. What is best antidote to carbolic acid. 10. What are symptoms of opium or morphine poisoning.

**Bacteriology.** 1. Name the two most common forms of bacteria according to their form and shape. 2. What is the difference between parasitic and saprophytic bacteria? 3. To what natural kingdom do bacteria belong? 4. Name three ways by which bacteria enter the system in causing infectious diseases? 5. By what ways are bacteria transmitted from one person to another in causing diseases? 6. What is the distinction between contagion and infection? 7. What is the safest method of disinfecting a house after a case of tuberculosis. 8. Name the principal methods of sterilization. 9. What is fractional sterilization and why is it used? 10. How are bacteria distinguished from one another in the laboratory?

**Anatomy.** 1. How many bones in the human skeleton? 2. Name and locate the largest bone in the body. 3. Locate the following bones—femur, scapula, tibia, ulna. 4. Locate the following and tell how many bones each contain—carpus, metacarpus, phalanges. 5. How are bones classified? 6. Name the bones of the pelvis. 7. What are the three great eliminating channels of the body? 8. Mention three portions of the small intestines? 9. How many vertebrae are there? 10. Mention the largest vertebrae.

**Hygiene.** 1. What is the composition of pure air? 2. Why is deep breathing of vital importance. 3. Why is bathing so important to health? 4. What constitutes good ventilation? 5. What are the characteristics of expired air? 6. Mention some of the sources of impure air in the sick room and tell how they may be lessened or avoided. 7. At what temperature would you ordinarily keep a sick room? 8. What are the beneficial effects of sunlight? 9. What advantage is a fireplace? 10. Describe an ideal sick room from a hygienic standpoint.

**Infectious diseases.** 1. What is infection? 2. Mention three infectious diseases? 3. How would you differentiate between infection and contagion? 4. Mention two serums used in infectious diseases. 5. Why is the skin of patients suffering from an eruptive fever anointed? 6. What are the initial symptoms of typhoid? 7. How is typhoid spread? 8. Give proper way to disinfect typhoid excreta? 9. What disposition should be made of it when there is no sewerage? 10. What precaution should a nurse use for herself in nursing an infectious disease? 11. Give proper method of disinfecting linen from a typhoid patient? 12. What are the indications in typhoid fever for removal of patient from bath tub? 13. Give method for hot pack. 14. Give method for alcohol sponge bath. 15. What is the seat of infection in typhoid fever? 16. In case of hemorrhage in typhoid patient what measures would you resort to in the absence of the physician? 17. Give most effective method of disinfecting t. b. sputum. 18. State important point in nursing t. b. patient regarding patient. 19. How would you disinfect yourself, patient and room after such cases? 20. How would you prepare a patient to be released from isolation?

**Urinalysis.** 1. Describe briefly the structure and function of the kidneys. 2. Is urea present in normal urine? 3. What is urea? 4. How may retention

be relieved without the use of a catheter? 5. What is the sp. gr. in normal urine? 6. What are the methods employed in testing urine for albumen? 7. What method for testing for sugar? 8. Mention three reactions found in urine. 9. What abnormal characteristics would you find in diabetes—Bright's Disease? 10. Tell briefly how you would catheterize a patient.

#### BIRTHS

On September 27, at Orange, N. J., a daughter, Winifred Howard to Mr. and Mrs. Walter Howard Smith. Mrs. Smith was Jessie Schooltred, class of 1903, Orange Training School for Nurses, Orange, N. J.

On September 3, a son, to Mr. and Mrs. Wm. H. Adams of Gardenia, California. Mrs. Adams was Kate Gurney, class of 1890, Orange Training School for Nurses, Orange, N. J.

On August 12, at Kansas City, Mo., a son, to Mr. and Mrs. Earl A. MacBride. Mrs. MacBride was Edith Geiger, class of 1903, Hahnemann Hospital, Chicago.

On August 21, at Hastings, Neb., a son, to Mr. and Mrs. Frank H. Rothe. Mrs. Rothe was Daisy M. Sherwood, Presbyterian Hospital, Philadelphia.

#### MARRIAGES

On October 6, at Fletcher, North Carolina, Elise Barrington Atwood, class of 1902, Orange Training School for Nurses, Orange, N. J., to John Phineas Dewey.

On October 1, at the home of her parents, Lafayette, N. J., Viola Mary Hart Space, class of 1910, Orange Training School for Nurses, Orange, to Charles Nelson Drake. Mr. and Mrs. Drake will live in Flanders, N. J.

On September 12, at Denning, N. M., Rosa Lamb, graduate of a hospital in South Bend, Indiana, to Frederick Dow. Miss Lamb had been an army nurse.

At Seattle, Wash., Esther Rydbeck, class of 1902, Hahnemann Hospital, Chicago, to Andrew Sundquest. Mr. and Mrs. Sundquest will live in Seattle.

Jeanne Veuve, class of 1908, Hahnemann Hospital, Chicago, to E. Wiklund. Mr. and Mrs. Wiklund will live in Chicago.

On August 14, Elizabeth A. Urbach, class of 1912, Augustana Hospital, Chicago, to Thomas S. Yates. Mr. and Mrs. Yates will live in Jacksonville, Ill.

On September 24, Mabel Hope Talbot, class of 1907, Presbyterian Hospital, Philadelphia, to John Henry Fedden.

Hazel Eschwig, superintendent of Greenfield Sanatorium, Wauwatosa, Wis., to Frederick David Brandt. Mr. and Mrs. Brandt will live in Racine.

On September 24, at St. Mary Magdalene Church, Omaha, Nebraska, Tresa Evelyn Lehn, class of 1911, Bishop Clarkson Memorial Hospital, to Frank A. Stawpert. Mr. and Mrs. Stawpert will live in Falls City, Nebraska.

On September 6, Julia Anne Hyde, graduate of Lane Hospital, San Francisco, to Benjamin Taylor. Mr. and Mrs. Taylor will live in Ocean View, San Francisco. Miss Hyde had been for two years secretary of the California State Nurses' Association.

On September 15, Ella Taylor, class of 1909, Presbyterian Hospital, Philadelphia, to George Powell Pennington, M.D. Dr. and Mrs. Pennington will live in Atlantic City, N. J.

On September 22, at Pittsburgh, Laura O'Connor, graduate of the South Side Hospital, to Orlando Fouse. Mr. and Mrs. Fouse will live in Knoxville Pittsburgh.

On June 5, at Syracuse, N. Y., Eleanor Vaeth, class of 1911, Hospital of the Good Shepherd, to Frank Richard Bornhorst. Mr. and Mrs. Bornhorst will live in Syracuse.

On June 25, in Syracuse, N. Y., Louise Lillia Marks, class of 1911, Hospital of the Good Shepherd, to John Shubert. Mr. and Mrs. Shubert will live in Syracuse.

On September 18, at Philadelphia, Anna Margaret Rindlaub, graduate of the Philadelphia General Hospital, to John Ernest Roth. Mr. and Mrs. Roth will live in Pittsburgh.

On September 6, at Providence, R. I., Amalie M. Schwinn, class of 1903, Newark, N. J., to Frederick Schwinn. Mr. and Mrs. Schwinn will live in Attleboro, Mass.

Lottie A. Quackenbush, graduate of St. Mary's Hospital, Passaic, N. J., to James R. Archer. Mr. and Mrs. Archer will live in Paterson.

On September 15, Bertha Leola Pratt, class of 1907, Presbyterian Hospital, Philadelphia, to George Carroll Thomas, M.D. of the United States Navy. Dr. and Mrs. Thomas will live at Vallejo, Cal.

On July 18, Nellie Costello, class of 1906, St. Joseph's Hospital, Chicago, to Joseph Lofland.

On August 20, Sarah Salome MacDonald, class of 1910, St. Joseph's Hospital, Chicago, to John Leander Corcoran.

On August 27, at Indianapolis, Ind., Virginia Clayton Stuart, class of 1909, Dr. Price's Hospital, Philadelphia, to George Ellsworth Alleman, M.D. Dr. and Mrs. Alleman will live in Altoona, Pa.

On September 5, Mabel R. Scott, class of 1909, Kansas City General Hospital, to John M. Malone. Mr. and Mrs. Malone will live in Leavenworth.

On September 13, Hildegard Klippel, class of 1913, Stewart Hospital, Hutchinson, Kansas, to E. Woodson. Mr. and Mrs. Woodson will live in Hutchinson.

On September 4, Esther Norton, graduate of St. Luke's Hospital, New York to Albert Grant Dodge. Mr. and Mrs. Dodge will live in Rutland, Vt.

On October 23, Grace E. Robbins, to Everett Coates, M.D. Miss Robbins had been for two years assistant superintendent of the Buffalo Homeopathic Hospital.

On September 18, at St. Margaret's Church, Rumford, R. I., Alice Conchessa McCoart, class of 1910, St. Joseph's Hospital, Providence, to William Francis Sullivan, M.D. Dr. and Mrs. Sullivan will live in Providence.

On September 16, in North Grosvenordale, Conn., Evelyn A. Bellrose, class of 1913, St. Francis Hospital, Hartford, Conn. to R. J. Woisard, M.D. Dr. and Mrs. Woisard will live in Bristol, Conn.

On September 10, in New York City, Dorothy Dougherty, class of 1908, Connecticut Training School, New Haven, to Norman Llewellyn Terwilligar, M.D. Dr. and Mrs. Terwilligar will live in Edmonton, Alberta, Can.

On September 3, at Plainville, Conn., Bertha N. Cooke, class of 1910, Hartford Hospital, to Dwight G. Clark. Mr. and Mrs. Clark will live in Plainville.

On October 5, in New Bedford, Mass., Emmie Augusta Bosworth, class of 1905, Rhode Island Hospital, Providence, to Elisha Henry Browning. Mr. and Mrs. Browning will live in Narragansett Pier, R. I.

On September 26, at Orange, N. J., Alice Petty, graduate of the London Hospital, London, Eng., to William Dicks. Miss Petty had been for some years in charge of the nurses' home, Henry Street, Orange.



On October 14, in St. Joseph's Church, Meriden, Conn., Margaret J. McMahan, class of 1911, St. Francis' Hospital, Hartford, to Dominick A. Doyle. Mr. and Mrs. Doyle will live in Meriden.

In August, Sarah Atherton, graduate of Clarkson Memorial Hospital, Omaha, to James Tucker, M.D. Dr. and Mrs. Tucker will live in Long Pine, Neb.

In August, Della R. Kurka, graduate of the Omaha General Hospital, to W. H. Justin. Mr. and Mrs. Justin will live in Benson, Neb.

On September 10, Margaret Latta, graduate of the Omaha General Hospital, to George French. Mr. and Mrs. French will live in Omaha.

#### DEATHS

On September 29, at the South Side Hospital, Kansas City, Mo., following an operation, Elsie Irene Wilhoite, class of 1913, South Side Hospital.

On September 29, at Pasadena, Cal., Emily G. McLean, a member of the first class graduated from St. Joseph's Hospital, Chicago. Miss McLean's body was brought to Chicago for burial, where services were held on October 5.

At Lenton, Ind., Mrs. E. J. Griffiths. Mrs. Griffiths was Ella J. Dalrymple, class of 1901, Hahnemann Hospital, Chicago.

On September 9, Mrs. John A. Chard. Mrs. Chard, who was Elsie Metze, graduated from Christ Hospital, Jersey City, in 1894, and after several years of private nursing married Dr. Chard. She was a charter member of Christ Hospital Alumnae Association; she had been ill for a year.

On August 21, at her home, Rees, Queen's County, New Brunswick, Etta Beatrice Barton, class of 1911, Rhode Island Hospital, Providence. Miss Barton was employed for a time after her graduation at the Rhode Island Hospital, but failing health caused her to give up her position. She was much loved by her sister nurses and respected by all who knew her.

On July 6, Winifred Hayden, class of 1910, Ensworth Hospital, St. Joseph, Mo. Miss Hayden had done private duty nursing in St. Joseph since her graduation. Although a sufferer at times, she maintained a loving and cheerful disposition and is mourned by a large number of friends. Her death followed a severe operation. Burial was at her former home, Highland, Kan.

On August 24, Annie Brennan, class of 1876, Bellevue Hospital. Miss Brennan was one of the oldest members of the alumnae association, having been a pupil of Sister Helen. She was one of the pioneers who helped to establish trained nursing in the wards of Bellevue, contending against many obstacles. In private work she gained for the graduate nurse the respect and honor which have been accorded her ever since.

On August 16, at her home, Norwich, Conn., Ellen Theresa Collins, senior nurse at St. Francis Hospital Training School, Hartford, class of 1914.

In Baltimore, of pneumonia, Elizabeth M. Springer, a graduate of the Philadelphia Lying-in Charity Hospital, and wife of Dr. N. A. Springer of Springer Sanitarium.

On July 8, in Philadelphia, Mary Moffett McLellan, graduate of the Philadelphia Lying-in Charity Hospital. Mrs. McLellan was much loved, not only in her home, but among nurses and her former patients, and will be greatly missed. She had served five years at the Municipal Hospital and one year at Blockley, Philadelphia. She took great interest in her alumnae association and in the Guild of St. Barnabas.



## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

**MEDICAL ELECTRICITY AND LIGHT.** An Elementary Text-book for Nurses. By Ettie Sayer, M.B., B.S. (London). Price, Two Shillings and Six-pence. The Scientific Press, 28-29 Southampton Street, Strand, London.

The application of electro-therapeutics is a subject in which many nurses find themselves deficient; and although it is not a subject to be learned without practical demonstration, the present volume will be found helpful to those who are seeking to enlarge their knowledge in this branch of nursing. The book contains ten plates and thirty diagrams. The text is much abridged and is intended for beginners.

**THE NURSING OF NERVOUS PATIENTS.** By Edwin Ash, M.D., formerly Physician (Out-Patients) to the Italian Hospital, London. Author of "Nerves" and the "Nervous and Mental Self-Help." Price, Two Shillings and Six-pence. The Scientific Press, 28-29 Southampton Street, Strand, London.

The nervous patient of earlier days was, it went without saying, found in America, and when other cures failed, was sent to England, where a cure speedily made itself complete.

A glance at Dr. Ash's book reveals the fact that nervous disorders are as many and complicated in England today, as they are with us. In England, as with us, the sufferer from neurasthenia is now recognized as a case calling for the utmost skill and intelligence in its care and nursing, and if perhaps Dr. Ash has nothing particularly new to tell us of the nursing of nervous patients, he has treated the subject with great thoroughness—drawing on various of our American authors for outlines of rest cure, and for the application of psychic suggestion.

Like other specialists who have written on this subject, Dr. Ash makes an especial plea for nurses to occupy this branch of the profession. He claims that, with study and understanding, the nurse will find the neurasthenic nursing quite as interesting as operative surgical nursing, or acute medical nursing.

**DIET IN DYSPEPSIA AND OTHER DISEASES OF THE STOMACH AND BOWELS.**

An Elementary Treatise on their Dietetic and Hygienic Management. By William Tibbles, M.D., L.R.C.P., M.R.C.S., L.S.A.; Medical Officer of Health for Melton Mowbray, Rural District. Author of "Food and Hygiene," "Foods: Their Origin and Composition," "The Theory of Ions," etc. Price, Two Shillings and Six-pence. The Scientific Press, 28-29 Southampton Street, Strand, London.

Like neurasthenia, dyspepsia has often been mentioned as if it were a disease peculiar to America, and particularly to New England, where one of our own writers has traced upon the map what he calls the "pie belt."

It is needless to say, that no English writer can tell us anything new about dyspepsia, but here is an Englishman who is competent to give us a minute and detailed study of the dietetic management of this most trying and depressing disorder.

One can fancy that this is a book that the dyspeptic patient might love to borrow from his nurse, in order to follow his own case through all its harrowing and painful phases, and might be encouraged to make a trial of some of the many suggestions it contains for relief. It is extremely practical and being a small book can be carried from case to case.

**AMERICAN RED CROSS CHARTS.** Designed to be used with the First-Aid Text Book. By Major Charles Lynch, Medical Corps, U.S.A. Price, \$4. Issued by P. Blakiston's Son and Company, Philadelphia.

There are sixteen of these charts and they are large, 22-inch tall, 17-inch wide, so that they could easily be seen by the members of a class in a moderate-sized room. The pictures are simple and clear, with just enough "legend" to explain what is being shown. They would have to be used with a first-aid text-book or by a competent teacher, although they almost tell their own story.

The subjects given on each chart are:

1. Fractures (bandages and splints);
2. Fractures (splints and dressings);
3. Triangular bandage;
4. Triangular bandage;
5. Roller bandage and four-tailed bandage;
6. Blood poisoning and matter or pus; (methods of infection shown);
7. First-aid outfit, and how to apply it;

8. Bleeding from capillaries, veins, etc. (shows where to make pressure to stop arterial hemorrhage in arm, thigh, or lower leg);
9. Bleeding (more about pressure, tourniquet, pad, etc.);
10. Rescue methods for drowning;
11. Breaking death grips (drowning) and artificial respiration;
12. How to rescue person from contact with electric current;
13. Rescue methods, artificial respiration, burns;
14. Transportation without stretcher;
15. Carrying (improvised stretchers);
16. Poisoning and its treatment (not illustrated).

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